



**County Borough of Great Yarmouth**

**R E P O R T**

**of**

**The Medical Officer  
of Health**

**The Port Medical Officer**

**and**

**The Principal School  
Medical Officer**

**for the Year**

**1968**





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## HEALTH COMMITTEE

1968 - 1969

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*The Mayor :*

Councillor Mrs. E. V. FLEET, J.P.

*Chairman :*

Alderman Mrs. K. M. ADLINGTON, J.P.

*Vice-Chairman :*

Councillor A. I. BURRELL

*Members :*

Alderman L. F. BUNNEWELL

Councillor E. J. BARNES

Councillor R. P. BEAN

Councillor E. CANHAM

Councillor A. W. CANNELL

Councillor B. P. COLCLOUGH

Councillor Mrs. O. R. HARVEY

Councillor D. H. MULLINS

Councillor R. H. PENNEY

Councillor R. G. RIVETT

Councillor G. W. RODWELL



## INTRODUCTION

Health Department,  
Municipal Offices,  
Hall Plain,  
Great Yarmouth.  
(Telephone : Great Yarmouth 3233).

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE  
COUNTY BOROUGH OF GREAT YARMOUTH

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work of the department and on the health of the town for the year 1968.

The vital statistics relating to the causes of death on page 14 have been presented in a slightly different form this year and only those conditions which resulted in death are included in the table. These figures, together with other statistical data given in the main table show that for the year 1968 the health of the Borough was maintained at a satisfactory level. It is worth noting that the national figures for infant mortality, neonatal mortality, perinatal mortality and the stillbirth rate are the lowest ever recorded. Statistical data, however, are but the bare bones around which the fabric of a health department is hung and it is necessary that, to be viable, the work of a department should be continually evolving. Changes can be brought about by the necessity for improvement, by old needs disappearing, by new needs arising, or even by the pressure of events at national level. The latter can take many forms, and not least has been the advent of decimalization and the proposed adoption of European standards of measurement. The observant reader will note that the Meteorology section at the beginning of this report is now in the metric system.

### MIDWIFERY TRAINING.

The new Maternity Unit at the Northgate Hospital was opened in July and the Part II Training School for midwives came into operation on the 1st of December. The pupils will be attached, for their district training, to those midwives employed by the Council who are approved as teaching midwives. Changes are apparent, however, in this section of the department. In 1962, domiciliary births accounted for 63% of all births. In 1968 the figure was 32%. If this trend continues, as is likely with the increase in the number of hospital beds available, the scheme for district training will be placed in jeopardy. The Council's midwives will also tend to lose their obstetric skills with the diminishing number of home confinements, and will be chiefly occupied with

post-natal nursing necessitated by the early discharge scheme. It is clear, therefore, that some form of integration with the hospital mid-wifery service will need to be considered.

#### CHIROPODY SERVICE.

The demand on this service has now reached saturation point, and the figure for the number of treatments given is much the same as that for 1967. There were two disturbing factors, however, firstly the length of the waiting time before the first treatment could be given, and secondly the interval of time between treatments. Towards the end of the year we were fortunate to obtain the services of a part-time chiropodist who now undertakes the whole of the work in the Old People's Hostels. This has allowed the full-time chiropodist to concentrate on the work in the two clinics with a consequent shortening of the treatment interval. Physically handicapped are provided, where necessary, with ambulance transport between the clinics and their homes. The staffing situation has, of necessity, precluded the setting up of a domiciliary service.

#### MENTAL HEALTH SERVICE.

This service received a disappointing setback during the year when the contractor engaged to build the new adult training centre was unable to start work. The present building has been overcrowded for many years, and both trainees and staff were looking forward to the first signs of activity on the site. Equally frustrated were those other departments, notably the Architects Department, who had done a considerable amount of the preparatory work. The close of the year, therefore, saw everyone concerned starting all over again in an effort to get the building work commenced in 1969.

#### NURSING SERVICES.

Changes are apparent in the General Practitioner Service, and there is a growing tendency for practices to amalgamate and establish group practice working. This type of family doctor service lends itself to "attachment schemes" and plans are in hand for one or two experimental schemes to be started in 1969. Initially this will be in the form of the attachment of a District Nurse to a group of doctors with resulting benefit to the patients as well as to the doctors and the nurses.

#### THE FUTURE OF THE HEALTH DEPARTMENT SERVICES.

I have mentioned probable attachment of local authority employees to both the Hospital and General Practitioner Services and it is relevant to recall that 1968 produced the first Green Paper containing tentative proposals for the formation of a unified administration of the medical and related services in an area by one authority in place of the present



multiplicity of authorities. The phrase “related services” recalls that the Seebohm Report appeared on the same day as the Green Paper. This Report proposed the setting up of a new social service department which would unify the work at present being undertaken, if only in part, by five departments in the present administrative structure.

The theme of this Introduction has been concerned, to some extent, with change, and a third item worthy of note was the amalgamation of the Ministry of Health with the Department of Social Security, to produce the new Department of Health and Social Security, and which commenced operations on the first of November. Health Departments have undergone many changes since their inception and services once administered by the Medical Officer of Health have long been delegated to other specialists in other fields. Now much of the work of the personal health services departments can be classified as medico-social in content. Indeed, the term “Social Medicine” has now been established for a quarter of a century. It is not irrelevant to recall part of the preamble to the World Health Organisation Constitution, in which health is defined as follows :

“Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease and infirmity.”

Whatever organisational reforms are brought about in the years that lie ahead, there can be few doctors in local government service who would disagree with, or lessen their activities towards achieving this fundamental principle.

#### STAFF AND ACKNOWLEDGMENTS.

The department came under new management half way through the year, and it is a measure of the cordial relationship which had always existed between my predecessor and myself that the changeover was effected both smoothly and painlessly. I am pleased to welcome Dr. Stewart as my deputy and trust that his time with this Authority will be a pleasant one. I would like to record my appreciation of the sterling work done by the staff of the department, whose morale has always remained at a high level in spite of increasing demands made upon them. I must finally offer my own thanks to the members of the Health Committee and to the Council for their support and encouragement.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant.

R. G. NEWBERRY.

*Medical Officer of Health.*

COUNTY BOROUGH OF GREAT YARMOUTH

**STAFF OF THE HEALTH DEPARTMENT**

1968

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*Medical Officer of Health*

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H. (to 30.6.68)

R. G. NEWBERRY, M.B., B.S., D.P.H. (from 1.7.68)

*Deputy Medical Officer of Health*

W. STEWART, M.B.E., M.B., CH.B., D.P.H. (from 21.10.68)

*Senior Assistant Medical Officer of Health*

MARGARET R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

*Senior Dental Officer*

B. C. CLAY, L.D.S., R.C.S.

*Assistant Dental Officer*

KATHERINE L. HARRIES, L.D.S., R.F.P.S.

*Chest Physician (Part-time)*

I. M. YOUNG, M.B., CH.B.

*Public Analyst (Part-time)*

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

*Chief Public Health Inspector*

\*†F. T. PORTER

*Deputy Chief Public Health Inspector*

\*†R. COLEMAN

*District Public Health Inspectors*

\*L. V. BAILEY

\*T. L. ARMITT

‡G. D. VAIL (to 31.8.68)

\*†F. A. SADLER (from 1.11.68)

\*Certificate of the Royal Sanitary Institute and  
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for  
Inspector of Meat and Other Foods.

‡Diploma Public Health Inspectors' Education  
Board.

*Pests Officer*

A. O. SCOTT

*Chiropodist*

G. W. GILCHRIST, M.Ch.S., S.R.Ch.

*Superintendent Nursing Officer*

MISS G. C. MOORE,

S.R.N., S.C.M., Q.N., H.V.CERT., P.H.NSG. ADMIN. CERT. (R.C.N.)

*Senior Midwife*

MRS. W. DONALDSON, S.R.N., S.C.M.

*Midwives*

MRS. L. WILLIAMSON, SCM

MRS. M. E. CATON, S.E.N., S.C.M.

MRS. C. THOMSON, S.C.M.

MRS. H. M. KEITH, S.E.N., S.C.M.

MRS. W. GREEN, S.R.N., S.C.M.

MRS. J. H. MOLLOY, S.C.M.

MRS. J. K. MICKLETHWAITE, S.R.N., S.C.M. (from 25.3.68)

*Health Visitors*

MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MRS. B. I. EVERITT, S.R.N., S.C.M., M.T.D., H.V.CERT.

MRS. J. M. RUSSEL, S.R.N., S.C.M., H.V.CERT.

MRS. T. G. WRIGHT, S.R.N., H.V.CERT. (to 10.3.68)

MISS D. K. WALTON, S.R.N., S.C.M., H.V.CERT.

*Tuberculosis Health Visitor (Part-time)*

MISS R. V. STILES, S.R.N., H.V.CERT.

*Senior Nurse*

MRS. M. E. GARDINER, S.R.N., Q.N.

*Home Nurses*

MISS N. BISHOP, S.E.N.

MRS. K. ELLIS-SMITH, S.E.N.

MRS. J. SEAMAN, S.R.N.

MRS. C. E. GOMPERTZ, S.R.N.

MRS. E. M. PUGH, S.R.N., Q.N.

MRS. I. COOKE, S.R.N., Q.N.

MRS. P. R. BROWN, S.R.N., Q.N.

MRS. E. ROBERTS, S.R.N.

MRS. M. E. HEAD, S.R.N., Q.N.

MRS. J. FERNANDEZ, S.R.N. (from 10.6.68)

*Mental Welfare Officers*

MISS A. BENSON

R. W. BIRD (part-time) (from 7.10.68)

J. WOODCOCK (part-time)

B. HENDER (part-time)

*Assistant Domestic Help Organisers*

MISS B. J. PAGE

MRS. C. L. WEBSTER (from 1.6.68)

*Ambulance Officer*

J. DERRY

*Chief Clerk*

A. G. SHOOBIDGE



## STATISTICS

Population—Census 1961	...	...	...	52,970
Population—1968 (estimated by Registrar-General, mid-year)				51,290
Area of the Borough including all inland waters (acres)	...			4,533
Area of land not covered by water (acres)	...	...		3,689
No of persons per acre	...	...	...	13.9
Rateable value (1st April 1968)	...	...	...	£2,384,404
Product of a penny rate 1968-9	...	...	...	£9,930

\* \* \*

Live Births.				Males	Females	Total
Legitimate	...	...	...	313	295	608
Illegitimate	...	...	...	64	41	105
				<hr/>	<hr/>	<hr/>
				377	336	713
				<hr/>	<hr/>	<hr/>

Crude live birth rate per 1,000 population	...	...	13.9
Adjusted birth rate (area comparability factor 1.08)	...		15.0
Illegitimate live births per cent of total live births	...		14.7

### Stillbirths :—

Number	...	...	...	9
Rate per 1,000 total live and stillbirths	...	...		12.5
Total live and stillbirths	...	...	...	722
Infant deaths (deaths under 1 year)	...	...	...	15

### Infant mortality rates :—

Total infant deaths per 1,000 total live births	...	21.0
Legitimate infant deaths per 1,000 legitimate live births		21.4
Illegitimate infant deaths per 1,000 illegitimate live births		19.0

Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	12.6
---	-----	-----	-----	------

Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	12.6
--	-----	-----	-----	------

Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	24.9
--	-----	------

### Maternal mortality (including abortion) :—

Number of deaths	...	...	...	—
Rate per 1,000 total live and stillbirths	...	...	...	—

\* \* \*

				Males	Females	Total
Deaths	...	...	...	386	378	764
Crude death rate per 1,000 population	...	...				14.9
Adjusted death rate (area comparability factor 0.78)	...	...				11.6

## METEOROLOGY

The following table is based on statistics included in the Registrar-General's weekly returns for England and Wales and gives particulars of the weather observed at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in Milli- metres	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°C	°C	°C	°C		hours	hours
January	12.3	– 2.8	5.4	1.5	53.0	0.9	8.1
February	10.6	– 3.0	5.4	1.3	31.5	1.6	9.6
March	14.0	– 0.8	8.3	2.9	23.9	3.7	11.8
April	17.0	– 2.0	10.1	4.4	22.0	7.2	13.8
May	15.6	1.6	11.7	6.4	46.0	5.2	15.6
June	21.6	5.8	16.3	10.6	59.2	6.0	16.6
July	25.5	7.2	17.7	11.6	56.0	5.3	16.3
August	23.1	7.0	18.2	13.1	62.0	3.4	14.7
September	22.0	8.0	17.9	12.1	80.7	5.2	12.6
October	19.6	6.4	15.6	10.9	42.8	2.4	10.7
November	18.6	– 0.2	10.5	7.3	80.0	1.4	8.7
December	10.6	– 5.6	5.4	1.9	57.7	1.1	7.6

In general, it was a miserable year from a weather point of view. Snow fell in January and in December. There were some very cold spells, particularly in February and again as late as May. Although there was a fine and sunny period around Whitsun the summer months were extremely wet with few lengthy sunny spells. Late Autumn, especially October, provided some mild and pleasant conditions, but later cold and wet conditions returned.

## POPULATION

The estimated mid-year population as given by the Registrar-General was 51,290. This estimate is 620 less than last year and is the lowest figure for sixteen years. The number of deaths exceeded the number of births by 51, so that for this year there was no natural increase in the population – a very rare occurrence. The table on page 13 gives the population figures and other vital statistics over a period of years.

## MARRIAGES

There were 517 marriages registered during the year, an increase of 36 on last year's figure.



## BIRTHS

### LIVE BIRTHS.

Registered live births showed a decrease from 775 in 1967 to 713 in 1968. Of these, 377 were males and 336 females and the adjusted birth rate was 15.0 per 1,000 population. The national rate of 16.9 was the lowest for eight years. Included in the figure for total births were 105 illegitimate births, 17 more than last year. Thus the illegitimacy rate was 147 per 1,000 live births. The provisional national rate was 84.

### STILLBIRTHS.

With the exception of the year 1965, the number of stillbirths was the lowest ever recorded. The local rate of 12.5 per 1,000 total live and stillbirths compared favourably with the national rate of 14.3.

### DOMICILIARY BIRTHS.

The local trend mentioned last year of more births taking place in hospital and fewer at home was continued. The percentage of home confinements was 32 in 1968 as compared with 45 last year. Nationally it is estimated that about 22% of mothers are confined in their own homes.

## MORTALITY

After adjustment for inward and outward transfers, the number of deaths attributable to the Borough was 764 (386 males and 378 females). This figure produced a rate of 11.6 per 1,000 population, slightly lower than the national rate of 11.9.

The table below gives the numbers of deaths for each sex and the percentage of deaths at various age groups.

Sex Incidence and Percentage of Deaths in Age Groups				
	Males	Females	Total	% of total
Under 1 year	11	4	15	2.0
1 and under 5	1	1	2	0.2
5 and under 15	2	—	2	0.2
15 and under 25	4	1	5	0.7
25 and under 35	3	2	5	0.7
35 and under 45	8	3	11	1.4
45 and under 55	20	13	33	4.3
55 and under 65	64	42	106	13.9
65 and under 75	130	79	209	27.4
75 and over	143	233	376	49.2
Total 1968	386	378	764	

# VITAL STATISTICS

## GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS			PERINATAL MORTALITY		
		Number	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41	No figures available		
1946	43,370	1,048	24.2*	19.2	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2	51	46.7	44.3
1947	47,410	1,078	22.7*	20.5	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1	50	45.0	40.3
1948	50,140	951	19.0*	17.8	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2	34	35.0	38.5
1949	50,460	813	16.1*	16.7	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7	41	49.0	38.0
1950	51,310	771	15.2	15.8	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6	39	49.0	37.4
1951†	51,105	729	14.4	15.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1	27	36.3	38.2
1952	50,900	739	14.7	15.3	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7	27	35.7	37.5
1953	51,300	715	14.1	15.4	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5	27	36.8	36.9
1954	51,550	782	15.6	15.2	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0	23	31.4	38.1
1955	51,600	696	13.9	15.0	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.2	28	39.4	37.4
1956	51,500	738	14.8	15.6	656	11.9	11.7	17	23.0	23.8	14	19.0	16.8	21	27.7	22.9	32	44.8	36.7
1957	51,500	746	14.8	16.1	657	11.9	11.5	16	21.5	23.1	10	13.4	16.5	16	21.0	22.5	25	32.8	36.2
1958	51,400	704	13.9	16.4	660	11.5	11.7	13	18.4	22.5	11	15.6	16.2	17	23.5	21.5	25	34.7	35.0
1959	51,300	740	14.7	16.4	722	12.6	11.6	12	16.2	22.2	7	9.4	15.9	15	19.8	20.8	21	27.8	34.1
1960	51,500	769	15.2	17.1	682	11.6	11.5	13	16.9	21.8	8	10.4	15.5	14	17.8	19.8	21	26.8	32.8
1961†	52,970	766	14.8	17.5	697	11.5	11.9	13	16.9	21.4	9	11.7	15.3	17	21.7	19.0	24	30.6	32.0
1962	52,450	799	15.5	17.9	658	10.5	11.9	12	15.0	21.7	12	15.0	15.1	13	16.0	18.1	25	30.8	30.8
1963	52,670	815	16.7	18.1	811	12.9	12.2	17	20.8	21.1	10	12.3	14.3	12	14.5	17.2	21	25.4	29.3
1964	52,720	789	16.2	18.4	698	11.1	11.3	18	22.8	19.9	11	13.9	13.8	15	18.6	16.3	23	28.6	28.2
1965	52,700	814	16.7	18.1	752	11.1	11.5	17	20.9	19.0	13	16.0	13.0	8	9.7	15.8	20	24.3	26.9
1966	52,420	710	14.6	17.7	724	11.2	11.7	20	28.2	19.0	15	21.1	12.9	16	22.0	15.4	29	39.9	26.3
1967	51,910	775	16.1	17.2	686	10.6	11.2	11	14.2	18.3	8	10.3	12.5	14	17.7	14.8	21	26.6	25.4
1968	51,290	713	15.0	16.9	764	11.6	11.9	15	21.0	18.3	9	12.6	12.4	9	12.5	14.3	18	24.9	24.7

\* Crude rate.

† Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.  
CAUSES OF DEATH BY SEX AND AGE GROUP.  
1968

Cause of death	Males	Females	Age Groups									Total 1968		
			Under 4 weeks	4 wks. & under 1 yr.	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years		65-74 years	75+ years
Enteritis and other diarrhoeal diseases	—	2	—	—	—	—	—	—	—	—	1	—	1	2
Tuberculosis of respiratory system ...	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Other tuberculosis, incl. late effects ...	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Meningococcal infection ...	1	—	—	—	—	—	—	1	—	—	—	—	—	1
Other infective and parasitic diseases	2	—	—	1	—	—	—	—	—	—	—	1	—	2
Malignant neoplasm—stomach ...	6	6	—	—	—	—	—	—	—	1	4	5	2	12
Malignant neoplasm—Lung, bronchus	30	6	—	—	—	—	—	—	1	1	2	12	14	36
Malignant neoplasm—breast ...	—	16	—	—	—	—	—	—	—	—	3	6	3	16
Malignant neoplasm—uterus ...	—	3	—	—	—	—	—	—	—	—	2	1	—	3
Leukaemia ...	2	1	—	—	—	—	—	—	—	—	1	1	1	3
Other malignant neoplasms, etc. ...	38	32	—	—	—	—	—	—	2	4	17	17	30	70
Benign and unspecified neoplasms ...	1	—	—	—	—	1	—	—	—	—	—	—	—	1
Diabetes Mellitus ...	4	2	—	—	—	—	—	—	—	—	1	1	4	6
Other endocrine, etc., diseases ...	—	2	—	—	—	—	—	—	—	—	—	2	—	2
Anaemias ...	1	2	—	—	—	—	—	—	1	—	1	1	—	3
Meningitis ...	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Other diseases of nervous system, etc.	3	5	—	—	1	—	—	1	—	2	3	—	1	8
Chronic rheumatic heart disease ...	3	4	—	—	—	—	—	—	1	1	3	2	—	7
Hypertensive disease ...	6	10	—	—	—	—	—	—	—	—	2	3	11	16
Ischaemic heart disease ...	97	35	—	—	—	—	—	1	4	1	29	49	92	182
Other forms of heart disease ...	10	22	—	—	—	—	—	—	—	—	2	8	22	32
Cerebrovascular disease ...	47	58	—	—	—	—	1	—	—	3	8	39	54	105
Other diseases of circulatory system	17	24	—	—	—	—	—	—	—	—	2	5	34	41
Influenza ...	4	10	—	—	—	—	—	—	—	—	—	2	12	14
Pneumonia ...	44	41	—	3	1	—	1	—	—	2	2	27	49	85
Bronchitis and emphysema ...	21	14	—	—	—	—	—	—	1	2	4	11	17	35
Asthma ...	1	—	—	—	—	—	1	—	—	—	—	—	—	1
Other diseases of respiratory system ...	3	2	—	—	—	—	—	—	—	1	—	1	3	5
Peptic ulcer ...	5	2	—	—	—	—	—	—	—	—	1	3	3	7
Intestinal obstruction and hernia ...	2	1	1	—	—	—	—	—	—	—	—	1	1	3
Other diseases of digestive system ...	1	1	—	—	—	—	—	—	—	—	—	1	1	2
Nephritis and nephrosis ...	1	2	—	—	—	—	—	—	—	1	—	2	—	3
Hyperplasia of prostate ...	3	—	—	—	—	—	—	—	—	—	—	3	—	3
Other diseases, genito-urinary system	4	2	—	—	—	—	—	—	—	—	—	1	5	6
Diseases of skin, subcutaneous tissue	1	1	—	—	—	—	—	—	—	1	—	1	—	2
Diseases of musculoskeletal system ...	—	2	—	—	—	—	—	—	—	—	—	1	1	2
Congenital anomalies ...	2	1	1	1	—	1	—	—	—	—	—	—	—	3
Other causes of perinatal mortality ...	6	1	7	—	—	—	—	—	—	—	—	—	—	7
Symptoms and ill-defined conditions	3	7	—	—	—	—	—	—	1	—	—	—	9	10
Motor vehicle accidents ...	3	3	—	—	—	—	1	1	—	1	—	1	2	6
All other accidents ...	5	6	—	1	—	—	—	—	1	—	—	2	7	11
Suicide and self-inflicted injuries ...	3	1	—	—	—	—	—	—	—	—	—	1	3	4
All other external causes ...	3	1	—	—	—	—	—	1	—	1	2	—	—	4
TOTAL	386	378	9	6	2	2	5	5	12	32	105	210	376	764



A table using the international categories adopted by the Registrar-General, giving particulars of the causes of death in age groups is on page 14.

The main causes of death followed the same pattern as in previous years with heart disease, cancer and vascular lesions of the nervous system accounting for 63% of the total. The table below gives some comparative statistics concerning these three groups.

Cause of death	1968			1967		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease—						
all forms	237	4.65	31.02	245	4.71	35.71
Cancer—						
all forms	140	2.72	18.32	138	2.65	20.11
Vascular lesions of central nervous system	105	2.0	13.74	83	1.59	12.09

INFANT MORTALITY.

There were 15 deaths (11 male and 4 female) of infants under the age of one year, four more than in 1967. This gave an infant mortality rate of 21.0 per 1,000 live births. The national rate was 18.3 per 1,000 live births, the same as last year.

NEONATAL MORTALITY.

Of the 15 deaths referred to in the previous section, nine took place within the first four weeks of life and were thus in the neonatal group. The local rate was 12.6 and the national rate 12.3 per 1,000 live births.

PERINATAL MORTALITY.

This term is used to describe the combination of stillbirths with deaths occurring during the first week of life. All the nine deaths mentioned in the neonatal group occurred during the first week of life. There were also nine stillbirths and the perinatal rate was thus 24.9 per 1,000 live and stillbirths. This was slightly higher than the national rate of 24.7.

MATERNAL MORTALITY

There were no deaths attributable to maternal causes.

## INFECTIOUS DISEASES

The incidence of notifiable diseases was again low. The table on page 19 gives in age groups the number of notifications received. The table is given as in previous years. Legislation was, however, introduced during the year amending the Infectious Diseases Regulations and came into force on the 1st October. By these new regulations pneumonia, erysipelas, puerperal pyrexia and certain other diseases are no longer required to be notified.

### MEASLES.

In recent years a pattern has been established of two consecutive years of low incidence followed by a year of greater incidence. 1968 was expected to be an epidemic year and the notification figures confirmed this. The 358 cases reported, however, were fewer than might have been expected, and it is a matter for conjecture whether the advent of measles immunisation, mentioned more fully in the report of the Principal School Medical Officer, influenced in any way the final size of the outbreak.

### FOOD POISONING.

There was only one notification of food poisoning. This was an isolated case and the origin of the infection could not be ascertained.

### TUBERCULOSIS.

The number of cases on the Tuberculosis Register at the end of 1968 was 323 compared with 327 at the end of 1967. They were classified as follows :—

	Male	Female	Total
Pulmonary	156	143	299
Non-Pulmonary	17	7	24
Total	173	150	323

### *New Cases.*

The number of cases which came to notice was 19, of which 11 were formal notifications and 8 transfers from other areas. The number of notifications gives a rate for all forms of the disease of 0.21 per thousand population, compared with 0.23 in 1967. The following table gives an analysis of the notifications by age and sex.



	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	1	—	—	—	—	1	—	1	—	—	2	—	5
Females	—	—	—	—	—	—	1	—	1	2	—	1	—	5
Non-Pulmonary														
Males	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil

More detail with regard to new cases is given in the section of the report which deals with the prevention of illness, care and after-care.

The number of notifications and deaths from all forms of the disease with resultant rates per 1,000 population for each year since 1958 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1958	24	1	0.46	0.02	4	—	0.08	—
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—
1962	6	3	0.11	0.05	3	—	0.05	—
1963	13	1	0.25	0.02	3	—	0.06	—
1964	13	2	0.22	0.04	2	1	0.04	0.02
1965	6	3	0.11	0.05	—	1	—	0.02
1966	7	—	0.13	—	—	—	—	—
1967	10	2	0.19	0.04	1	—	0.02	—
1968	10	1	0.19	0.01	1	1	0.01	0.01

#### VENEREAL DISEASES.

The following figures are extracted from the annual statistical table provided by the Consultant :—

There were twelve cases of syphilis diagnosed in patients attending the Clinic for the first time. Of these, four were cases of primary syphilis and one of secondary syphilis. The remaining seven cases were latent (5), congenital (1) and affecting the nervous system (1). All twelve were residents of Great Yarmouth.

The number of new cases of gonorrhoea decreased by 25 to 42, of which 28 were male and 14 female.

Of the 209 other patients attending the Clinic for the first time, 103 required no treatment, 45 were suffering from non-gonococcal urethritis and 61 received other forms of treatment.

The Clinic at the Estcourt Hospital serves a fairly wide area, but it is worth noting that of the 263 patients who attended, 188 were residents of the town. In addition, it is known that 22 patients from Great Yarmouth attended clinics elsewhere.

## NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1968	Total 1967
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	—	2	5	—	1	—	—	—	—	8	6
Whooping cough	1	2	—	3	—	—	—	—	—	—	6	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	17	107	116	109	6	2	1	—	—	—	358	152
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	1	—	—	—	—	1	—	—	—	—	2	2
Acute poliomyelitis												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	8
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	—	—	—	—	—	1	—	—	—	—	1	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	—	—	—	—	—	—	—	1	—	1	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	—	—	6	3	2	1	1	—	—	13	5
Total	19	109	118	123	9	7	2	1	1	—	389	176

# NATIONAL HEALTH SERVICE ACT, 1946

## CARE OF MOTHERS AND YOUNG CHILDREN

### ANTE-NATAL AND POST-NATAL CARE.

Midwives undertake ante-natal care either in clinics or in the patients' own homes as part of their routine duties. Clinic sessions are held weekly, on Monday afternoons in Great Yarmouth, and on Tuesday afternoons in Gorleston. Separate booking sessions are held on Tuesday afternoons in Gorleston and on Wednesday afternoons in Great Yarmouth. At these sessions the mother books a Midwife and is invited to attend the Parentcraft Classes. At a medical level, the work is now the responsibility of the general practitioner, who also carries out the post natal care.

### PARENTCRAFT AND RELAXATION CLASSES.

These classes remain popular and are a useful means of giving instruction to mothers who are expecting their first baby. Each "course" consists of seven or eight evening sessions and includes talks, films and demonstrations as well as the teaching of exercises to aid relaxation. On one occasion a cooking demonstration was arranged by a representative of the Milk Marketing Board, and proved to be a great success. It was attended by twenty mothers and one father. Earlier in the year a new film on the birth of a baby was shown, to which both husbands and wives were invited. The film, which was greatly appreciated, was seen by sixteen mothers and nine fathers.

Early in the new year a study day, conducted by a Midwife Tutor from Bradford, was arranged for the staff. The theme of the meeting was on the techniques employed in the teaching of parentcraft, and was also attended by Midwives and Health Visitors from the areas of East Suffolk and Norfolk bordering the County Borough. The Study Day stimulated a great deal of interest, and was enjoyed by all who were present.

The number of mothers who attended classes during the year was 121, and of these 16 were booked for hospital confinement. The number of attendances was 561.

### MATERNITY OUTFITS.

These were provided free of charge for mothers having their babies at home. If mothers were transferred to hospital because of an emergency, or admitted under the early discharge scheme, a large pack was exchanged for a smaller one. A total of 461 were issued this year. In the Autumn preliminary discussions were held with officers of the local hospital to consider the feasibility of producing for the Local Health Authority a special maternity pack which would be assembled and sterilised in the Central Sterile Supply Department of the Maternity Unit. It is hoped that these packs will be available to the domiciliary Midwives next year.



#### THE "AT RISK" REGISTER.

The "at risk" register compiled in the department was maintained. Its purpose is to identify at the earliest possible stage infants who are at risk of developing handicapping conditions, with a view to ensuring that they obtain special supervision and, if necessary, prompt treatment.

To this end all Midwives, both in hospital and domiciliary practice, were asked to provide the information on the notification of birth cards.

Health Visitors have also been advised of the conditions to look for and they compile the register, with advice, where necessary, from the Senior Assistant Medical Officer of Health or the general practitioner. It is reviewed periodically and the names of children who are developing normally are removed. At the end of the year 115 names remained on the register.

#### CONGENITAL ABNORMALITIES.

As reported in previous years, the then Ministry of Health, now the Department of Health and Social Security, introduced a scheme for ascertaining and reporting to the General Register Office all congenital abnormalities apparent at birth. The information was obtained from the notification of birth cards supplied by the Midwives with advice, where necessary, from the general practitioner or hospital consultant. The following table shows details of the 10 cases reported to the General Register Office during 1968, a dramatic fall in the number compared with last year when there were 18 cases with a total of 22 abnormalities.

Talipes	3
Anencephalic	1
Spina Bifida	1
Hypospadias	1
Exomphalos	1
C.D.H.	1
Syndactyly right hand	1
Acrocephaly, syndactyly syndrome	1
	—
	10
	—

Congenital dislocation of the hip (C.D.H.) is now regarded as a preventable condition. Susceptibility to it can be diagnosed by a 'click' test and preventive measures can be instituted. As reported in previous years all Midwives and Health Visitors have been trained to carry out this test and it is applied to all babies born in this area. All suspicious cases are referred to the general practitioner or to the orthopaedic surgeon.

#### PREMATURE BABIES.

The care of premature babies has been the responsibility of the Paediatric Health Visitor as previously reported. She visits the homes



# PREMATURE BIRTHS

(i.e. live births and stillbirths of 5½ lbs. or less at birth).

Weight at birth	Premature live births													Premature stillbirths
	Born at home or in a nursing home													
	Born in hospital				Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb. 3 oz. or less	3	2	1	—	—	—	—	1	1	—	—	1	—	
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	2	—	—	—	—	—	—	1	1	—	—	1	—	
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	9	2	—	—	—	—	—	1	—	—	—	2	—	
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	5	—	1	—	3	—	—	2	—	—	—	—	—	
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	17	—	—	—	7	—	—	—	—	—	—	—	—	
6 Total	36	4	2	—	10	—	—	5	2	—	—	4	—	

of babies born in hospital before they are discharged to ensure that facilities for their care, especially the heating arrangements, are adequate. A good liaison exists between the Paediatrician, the Sister in charge of the Special Care Unit and the Paediatric Health Visitor.

The table on page 22 gives details of premature births. Of the 51 live premature births only 10 were nursed entirely at home and five were born at home but were transferred to hospital soon after birth.

#### PREVENTION OF COLD INJURY

This subject has been discussed at great length in previous reports but in spite of instructions by Midwives and Health Visitors, talks at Mothercraft Classes and individual advice to mothers in their own homes, some children are still exposed to this danger and in fact one child was admitted to hospital and found to be suffering from this condition. Midwives are issued with low reading clinical thermometers and wall thermometers so that a watchful eye can be kept on infants during the puerperium, and Health Visitors keep both infants and young children under surveillance during the winter months.

#### BATTERED BABY SYNDROME.

No cases of this syndrome were found in the area during this year.

#### CHILD HEALTH CLINICS.

Child Health Clinics were held as follows :—

**Great Yarmouth Clinic** — **Tuesday, Thursday and Friday,**  
2.30 p.m. to 4.30 p.m.

**Gorleston (Trafalgar Road East)**  
**Clinic** — **Monday and Friday,**  
2.30 p.m. to 4.30 p.m.

**Magdalen Clinic** — **Wednesday,**  
(Methodist Church Hall,  
Magdalen Way, Gorleston) 2.30 p.m. to 4.30 p.m.

The clinics held on Thursday afternoons in Great Yarmouth and Monday afternoons at Gorleston provide facilities for vaccination and immunisation each week.

The following table shows the number of children in their age groups who attended the clinics :—

Clinic	Children attended during the year			
	1968	Born in 1967	1966	Total
Great Yarmouth	339	301	284	924
Gorleston	183	218	262	663
Magdalen	84	102	88	274
Total	606	621	634	1861

The following Ministry of Health table gives further details about the clinics :—

Number of sessions held by :

(a) Medical Officers	...	...	...	...	192
(b) Health Visitors	...	...	...	...	112
(c) G.P.'s employed on a sessional basis	...	...	...	...	—
(d) Hospital medical staff	...	...	...	...	—
(e) Total number of sessions in lines a - d	...	...	...	...	304
(f) Number of children referred elsewhere	...	...	...	...	8
(g) Number of children on 'at risk' register at end of year	...	...	...	...	115

The following table gives details for this year :—

Clinic	Attendances during the year		
	Under one year of age	1 - 5 years	Total number of attendances
Great Yarmouth	6256	1727	7983
Gorleston	3564	1409	4973
Magdalen	2008	283	2291
Total	11828	3419	15247

#### WELFARE FOODS.

Welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets) were available at the clinics listed above, and at the times stated. Next year, however, the sale of these foods on Fridays in Great Yarmouth will be discontinued. Welfare foods will continue to be sold as usual on Tuesdays and Thursdays. The following table gives details of the items sold :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vita-min Tablets	Bottles Orange Juice
31 March	997	180	189	2467
30 June	959	129	160	2682
30 September	966	123	173	2575
31 December	802	158	139	2443
Total	3724	590	661	10167
Total 1967	5568	588	739	11452



## FAMILY PLANNING.

The National Health Service (Family Planning) Act, 1967, which came into force in June of that year, extended the powers of local authorities in order to enable them to provide (or arrange for other bodies to provide) advice and supplies for any persons who need them. The two clinics assisted by the local authority continued to flourish and the number of women who sought help rose to 1,065. In 1967 the figure was 928 and in 1966, 844. There have been two doctors in attendance at every session in both clinics throughout the year. The doctors now take cervical smears from certain categories of women attending the clinics and this may be part of the reason for the increase in attendances. Advice is now being sought earlier, usually at about the time of the post natal examination, by those women who have recently had a child.

The figures supplied for the year are as follows :—

	Great Yarmouth	Gorleston
Number of sessions held	48	48
Number of new patients	227	183
Total number of people who sought help	617	448

## CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

There is close co-operation between the Health Department and the St. Paul's Lodge Mother and Baby Home in the town, which is run by the Norwich Diocesan Council for Social Work, to which the Council makes a grant.

Fifty-three mothers from various parts of the country, and their babies were cared for in the home during the year. The age range was from 14 to 27 years, the highest number being in the 20 year old age group.

The length of stay in mother and baby home is shorter, and the present tendency is for younger girls to remain in their own homes until they are admitted to hospital. After delivery they go into the home for a short period until they have decided their babies' future. Fourteen girls were admitted to the home on these terms.

The Superintendent of the home also acts as an outside worker and in this capacity she dealt with the problems of 36 unmarried mothers.

## DENTAL CARE.

The Senior Dental Officer reports as follows :—

Co-operation between the Health Visitors and the Dental Department has been maintained on the same high level as in previous years. Every effort is made to inspect the teeth of children when they are about three years of age, although in most cases very little dental

decay will be present. Advice is given on the maintenance of a healthy mouth by correct diet and by regular cleaning. Information is also given about the available facilities for treatment. The number of children treated shows a rise this year with a welcome drop in the number of teeth extracted.

Expectant and nursing mothers examined show a slight fall from last year's total, although the actual number treated is approximately the same. Fewer extractions were necessary and only three dentures had to be provided. The general dental condition of the mothers is excellent and there is evidence to suggest that many mothers visit their own practitioners regularly and in some cases take along their children for regular checks.

(a) Numbers provided with dental care :—

	Number of persons examined during the year	Number found in need of treatment	Number of persons who commenced treatment during the year	% of those needing treatment who were treated	Number of courses of treatment completed during the year
	(1)	(2)	(3)	(4)	(5)
Expectant and nursing mothers :					
1966	23	21	20	95.3	20
1967	39	32	28	87.5	20
1968	35	33	31	93.9	24
Children under five :					
1966	314	147	143	97.2	123
1967	312	152	116	76.3	152
1968	339	180	173	96.1	143



(b) Forms of dental treatment provided :—

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radiographs
	(1)	(2)	(3)	(4)	(5)	(6)	Full upper or lower	Partial upper or lower	(9)
<b>Expectant and nursing mothers :</b>									
1966	8	36	—	—	70	10	20	1	—
1967	10	34	—	—	36	12	3	4	3
1968	13	19	—	—	12	3	—	3	4
<b>Children under five :</b>									
1966	10	159	224	—	130	74	—	—	—
1967	3	150	202	—	122	62	—	—	—
1968	5	153	278	—	116	59	—	—	—

## MIDWIFERY SERVICE

This section includes information on the duty of the local authority to provide a domiciliary service under Section 23 of Part III of the National Health Service Act, 1946, and under Section 10 of the Health Services and Public Health Act, 1968, which came into force on the 9th September. The local authority also acts as Local Supervising Authority for the purposes of the Midwives' Act 1951.

### INSTITUTIONAL MIDWIVES

Thirty Midwives employed in the new Maternity Unit at the Northgate Hospital notified their intention to practise in this area. Of these, 12 were Midwives employed by nursing agencies who stayed only for short periods. There were no notifications from Midwives in private practice.

### MUNICIPAL MIDWIVES.

Eleven Midwives notified their intention to practise, including the Supervisor of Midwives and three part-time Midwives. During the

year one of the part-time Midwives retired and another was transferred to the full-time staff. One Midwife was on sick leave for the greater part of the year.

#### NUMBER OF BIRTHS.

The total number of births, including those to mothers not normally resident in the County Borough, dropped from 1221 last year to 1180 this year. Included in this figure were 917 live and 19 stillbirths which took place in hospital and 243 live and one stillbirth at home. There were 20 sets of twins and one set of triplets born in hospital. No multiple births occurred at home.

#### EARLY DISCHARGES

Two hundred and eighty-six patients who were delivered in hospital were discharged from hospital before the tenth day under the controlled scheme operating in this area and were attended by the domiciliary Midwives.

#### MATERNAL DEATHS.

There were no maternal deaths during this year.

#### ADMINISTRATION OF ANALGESIA.

All Midwives are trained in the administration of Trilene analgesia. During the year Trilene was administered to 159 patients on the Midwife's own responsibility and to 40 when a doctor was present. Pethilorfan was given to 168 patients on the Midwife's own responsibility and to 20 patients when a doctor was present.

#### CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds in order that the best use can be made of the beds available. Of the 252 patients investigated 191 were recommended for hospital confinement and 61 were rejected or made other arrangements themselves.

#### MIDWIVES' ANTE-NATAL CLINICS.

Midwives conducted routine examinations of mothers booked for home confinement at ante-natal clinics which were held each Monday afternoon in Great Yarmouth and each Tuesday afternoon in Gorleston. The number of attendances was 2,111 against 2,599 last year.

Home visits are paid whenever they are found to be necessary, usually towards the end of pregnancy, and also to those patients who are unable to attend the clinics.

Standard co-operation cards are in general use and they have

become the accepted means for the interchange of information between general practitioners, hospital and Midwives. They are retained by the mothers who hand them to each member of the team for entries to be made after each consultation.

## PART II MIDWIFERY TRAINING SCHOOL.

The new maternity unit at Northgate Hospital was opened on the 24th of July by Sir Edmund Bacon, Lord Lieutenant of the County of Norfolk, and six months after the unit became fully operational pupil midwives commenced their training. The Council had previously agreed to co-operate in the scheme and pupils will be attached to certain teaching midwives approved by the Central Midwives Board for this purpose, early in the new year.

## MEDICAL AID

The number of patients for whom medical aid was sought during the year under section 14(i) of the Midwives' Act, 1951 by the Midwives was as follows :—

For domiciliary patients :—

(i) Where the medical practitioner has arranged to provide the patient with a maternity medical service under the National Health Service	47
(ii) Others	Nil

## HEALTH VISITING

The establishment of this service remains at eight Health Visitors. One Health Visitor obtained an appointment in another department of the Corporation, which further depleted the service, and all attempts at recruitment failed. There remained on the staff four area Health Visitors, the Geriatric Health Visitor and one part-time Tuberculosis Health Visitor, all of whom had therefore to work under considerable pressure. A re-assessment of the work had to be made so that all non-health visiting duties could be removed from them. To this end, all school nursing duties were given to the School Nurses, and an extra District Nurse was appointed and seconded to the Health Visiting section. During the summer two health visitor students were engaged and entered a training school in the Autumn. They will return to the department in the Summer of next year.

The Geriatric Health Visitor continued to find a considerable number of elderly people who welcome her visits. During the year she made 2415 visits to elderly people and in addition to this made 57 visits to arthritic patients who were referred to her by the Consultant Rheumatologist. She worked closely with the Chief Welfare Officer and his staff so that overlapping of their work was thereby avoided. She



covers the whole town, as does the tuberculosis health visitor, and the other health visitors are responsible for all other work in their districts except those with special skills or interests who undertake work in other areas. For example, the paediatric health visitor visits the homes of all premature babies in the County Borough, and another health visitor follows up contacts for the "special" clinic in connection with venereal diseases.

The early detection of defects and abnormalities still continues to be an important part of the work of Health Visitors. Information concerning those children thought to be "at risk" is obtained from the notification of birth cards. The health visitors pay special attention to these children until it is clear that they are developing normally. There were 115 on the active register at the end of the year. Urine testing for phenylketonuria of all new babies, known as the "wet nappy test" was maintained, although this is not now regarded as completely reliable. Consideration is being given to introducing the Guthrie Test, which necessitates taking a small amount of blood from the baby, but which could be justified on the grounds of greater reliability. 1303 urine tests were carried out and all were found to be negative.

Local hospitals send to the department information about all children and some adults who have been treated as in-patients and this is passed on to the health visitors who visit where necessary. A health visitor attends the ward round of the Children's Ward and the out-patient clinic and acts as liaison officer between the Paediatrician and the department. She also visits the mothers of premature infants while they are in hospital and visits the home, paying special attention to the heating arrangements. This co-operation proves to be invaluable both to the staff of the hospital and to the health department.

The health visitors have in general, a cordial relationship with general practitioners and although there is no formal attachment at present, an experimental liaison scheme commenced during the summer. One health visitor visits a group practice one morning each week and in the light of experience this arrangement may be extended if the position improves with regard to the staffing situation. Requests for visits can be sent to the Superintendent Nursing Officer, (in the same way as for nursing messages) who arranges for a visit to be paid as quickly as possible after a request has been made.

The number of children under five years visited during the year was 2788. Handicapped persons on their visiting lists numbered 102, of whom 16 were spastics and 32 epileptics. The Tuberculosis Health Visitor visited 274 households.

### **DISTRICT NURSING SERVICE**

The establishment of this service was increased to ten full-time nurses and one part-time nurse and two bath attendants. One nurse successfully completed a training course for district nurses. In April



several nurses attended a half day study session at Northgate Hospital and also study days organised by Norfolk County Council. One nurse attended a week's refresher course at Liverpool in June.

One nurse had a period of six months sick leave which caused some concern because of the increased burden of work placed on the rest of this section. A second bath attendant was employed on a part-time basis to work in Yarmouth, and this appointment has meant that more people were able to avail themselves of this service. The attention of a nursing attendant for bathing duties is proving to be very worthwhile and is much appreciated by the elderly who are unable to manage for themselves.

One of the biggest problems which continually beset the district nursing sisters is the difficulty in dealing with patients who, properly, need more care than they are able to give. This is a reflection of the problems facing the local hospital where staff shortages are most acute in those wards catering for the elderly and chronic sick. As an indication of the size of the task, it can be recorded that the nurses had a monthly average of 337 patients in their care and this is comparable to the number of beds in a hospital about the size of the General Hospital. The nurses' "wards" are their districts and this of necessity means considerable travelling between patients. Also in emergencies little outside help is available if the family doctor is out on his rounds.

The pattern of work continued along similar lines to that of last year, namely that the heavy elderly chronic sick patients absorb most of the nurses' time, in addition to a considerable number of patients requiring injections.

The staff continued to test urine of all new patients; 646 specimens were tested and of these 637 were found to be normal, 8 were known diabetics and one was found to contain sugar and was referred to the general practitioner concerned. The nurses worked in close co-operation with general practitioners but there is no formal scheme of attachment yet. A scheme is being contemplated but prior discussions have yet to be held with the doctors who have indicated both interest and a willingness to participate in an experimental scheme.

The following is a summary of the work done :—

Number of patients nursed	1127
Number of new patients	793
Number of patients still on books at end of year	334
Number of visits to all patients	32248
Number of patients over 65	692
Number of visits to patients over 65	20733

The number of patients nursed and the number of visits paid over the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1959	1,197	33,146
1960	996	30,372
1961	814	26,412
1962	861	26,581
1963	920	28,164
1964	915	27,733
1965	960	29,206
1966	1,054	27,575
1967	1,180	29,389
1968	1,127	32,248

## VACCINATION AND IMMUNISATION

### SMALLPOX.

In 1968, 56 infants under one year and 340 between the ages of one and two were vaccinated, and the latter figure represents 51% of the total live births in 1968.

The number of vaccinations and re-vaccinations known to have been carried out in persons up to the age of 15 was 541.

The following table gives the analysis of the vaccinations in age groups :—

	Age at date of vaccination				Total
	Under 1	1	2 - 4	5 - 15	
Primary vaccinations	56	340	55	39	490
Re-vaccinations	—	—	1	50	51
Totals	56	340	56	89	541

It will be noted that, in accordance with Ministry advice, the majority of infants are now vaccinated in the second year of life. All of the vaccinations under one year were done by general practitioners.

Figures supplied by the Department of Health show that the estimated percentage of children under 2 years in Great Yarmouth who have been vaccinated was 51% in 1967. The national figure for the same year was 38%.

### DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this. Separate

antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now mainly used for children for whom whooping cough vaccine was contra-indicated, or who had not received any immunisation in infancy.

During the year 648 children were given a primary course of immunisation and 804 children received reinforcing doses.

Figures supplied by the Department of Health show that, of children born in 1967, 83% had been immunised against diphtheria in Great Yarmouth. The national figure for the same age group was 78%.

TUBERCULOSIS.

The arrangements for the protection of children against tuberculosis by B.C.G. vaccination are in two parts. Under one, vaccination is offered to all school children of thirteen years of age and upwards and to all students attending establishments of further education, and the work is carried out in school by the full-time staff of the department. Further information on this aspect of the work is given in the report of the Principal School Medical Officer. The second part involves the vaccination of contacts of cases of tuberculosis known to the Chest Clinic, and the work is carried out by the Chest Physician.

The following table gives details of the work done during 1968 :—

Schoolchildren Scheme :—

No. skin tested	651
No. found positive	35
No. found negative	584
No. vaccinated	584

Contact Scheme :—

No. skin tested	127	
No. found positive	34	
No. found negative	93	
No. vaccinated	135	(including babies vaccinated without previous skin test)

The first full year of operation of the Schoolchildren Scheme was in 1957, and the following table gives some of the relevant details since that time :—

Year	No. skin tested	No. found positive	% positive of No. skin tested
1957	847	195	23.02
1958	435	92	17.22
1959	795	118	14.84
1960	109	17	15.59



1961	458	60	13.10
1962	784	158	20.15
1963	759	77	10.14
1964	601	40	6.65
1965	731	33	4.51
1966	684	39	5.70
1967	713	38	5.33
1968	651	35	5.53

#### POLIOMYELITIS.

Oral Sabin vaccine is now used exclusively in this Authority's area to produce immunisation against poliomyelitis.

The following table deals with the administration of oral vaccine during the year :—

Age Group	3 doses completed
Born 1968	262
1967	313
1966	15
1965	15
1961-1964	47
Others under age 16	49
	<hr/> 701 <hr/>
Oral booster dose (schoolchildren)	487

Of the total of 1262 persons vaccinated 45% of the doses were given by family doctors, and 55% either at the clinics or in the schools.

Figures supplied by the Department of Health show that, of children born in 1967, 83% had been immunised in Great Yarmouth against a national figure of 74%.

#### MEASLES

In May vaccination against measles was offered for the first time. Limitations in the supply of vaccine meant that the original plan had to be curtailed and most of the available vaccine was offered to susceptible children between their fourth and seventh birthdays. Further details are contained in the Report of the Principal School Medical Officer. The following table gives the numbers vaccinated :—

Born 1967	4
1966	12
1965	16
1961-1964	536
Others	1
	<hr/>
Total	569 <hr/>



## AMBULANCE SERVICE

There has been no change in the arrangements for this service. The staff consists of the Ambulance Officer, 20 driver/attendants and one part-time driver/attendant. The Council continued its policy of purchasing one new ambulance every year and selling an old vehicle in part exchange, so that the vehicle strength was maintained at seven. All vehicles are equipped with radio for communication with the Ambulance Station at Churchill Road.

One patient was conveyed by helicopter to Sheffield during the year and 41 by rail to various destinations.

Statistics below show that patients carried, journeys and mileage were all higher than last year. The mileage was particularly high and was partly attributable to the extra mileage involved in covering the additional areas of Norfolk mentioned in last year's report, and also to the number of journeys to specialist hospitals. As long as an increasing variety of treatment is available to hospital out-patients and while the number of elderly in the population increases, the demands on the Ambulance Service are unlikely to decrease.

### STATISTICS

The following table gives particulars of the number of patients carried, the number of journeys and the mileage for the past six years :

Year	Patients carried	Journeys	Mileage
1963	16,979	7080	99,774
1964	17,648	6919	104,959
1965	17,669	7412	100,244
1966	16,554	7063	95,007
1967	17,033	5918	102,015
1968	17,783	6101	106,736

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### HEALTH EDUCATION.

All the normal activities of the Department in the sphere of Health Education were continued. One Health Visitor undertakes the responsibility of ensuring that displays, posters and peg-boards are changed regularly and that a good supply of pamphlets and leaflets is provided. When there is a national campaign on health matters the department undertakes displays and other activities in support of it. Seasonal dangers such as dangers on the beaches, poisoning by fungi and berries in the autumn and clean food campaigns are supported by discussions, demonstrations and posters.

## MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS.

Notification was received of 16 long-stay immigrants of whom nine were members of staff at the Great Yarmouth Hospitals where arrangements were made for them to register with a general medical practitioner and to have a chest X-ray if this was considered necessary. The other immigrants were visited and advised in the usual way.

## TUBERCULOSIS.

During the year there were ten notifications of pulmonary and one of non-pulmonary tuberculosis. Of these, one was a child 21 months old who was admitted to hospital as an emergency where he was treated successfully. The age range of the other new patients were :—

Under 25	2 + 1 child
Under 40	1
40 - 50	2
50 - 60	3
60 +	2

All the new patients were admitted to hospital during the year and five patients notified last year were in hospital at the beginning of this year. All were treated by chemotherapy which was continued at home after discharge from hospital and after a period of convalescence they were able to return to work although remaining under medical supervision. Altogether 39 patients were treated by chemotherapy during this year.

Transfers into the County Borough numbered five and two cases were transferred out.

B.C.G. vaccinations to children at special risk have been given at the Chest Clinic since 1950 and mass vaccination of school children has been carried out in Great Yarmouth for 11 years. Consequently the majority of young people under 25 years of age today have been protected against tuberculosis. At the moment modern chemotherapy appears to be controlling infection in chronic tuberculosis patients.

## VENEREAL DISEASES.

One of the Health Visitors made 17 visits in connection with venereal disease. She maintains contact with the clinic and follows up cases and contacts as required.

## OTHER ILLNESSES.

The care and after-care of persons suffering from other forms of illness is provided through the Health Visiting, District Nursing and Home Help Services.

The hospitals provide information concerning all children discharged and visits to their homes are paid where necessary. One



Health Visitor regularly visits the paediatric out-patient clinic and the children's and maternity wards of the local hospitals. She obtains useful information from the Paediatrician and his staff on the need for home visiting and gives them information concerning the home conditions and social back-ground of the children.

As reported elsewhere similar co-operation exists in relation to the rheumatic group of illnesses. From time to time the Geriatric Health Visitor visits patients referred by the consultant Rheumatologist and sends environmental reports concerning patients on his waiting list and advises on the urgency of a particular patient's need for early admission.

The Superintendent Nursing Officer continues to receive information from the hospitals about the elderly when they are about to be discharged and about the more acutely ill patients where they have recovered sufficiently to return home. The appropriate services are then provided to help them to become re-established in their own homes. Spastic, epileptic and other handicapped persons are visited periodically by the Health Visitors.

The greatest problem, as mentioned elsewhere, is still difficulty and often delay in obtaining hospital beds for patients who can no longer be nursed adequately in their own homes. Prolonged illness in these circumstances can produce a very heavy strain on relatives.

#### LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade, and the British Red Cross Society for the provision of nursing equipment continued to operate very satisfactorily and the Council's thanks are due to them for their interest and support.

In addition to the equipment provided by the voluntary organisations the department continues to supply nursing aids to patients under the care of the District Nursing Staff.

#### FACILITIES FOR INCONTINENT PEOPLE

Incontinence pads and other facilities were available throughout the year. During this year 4,000 were issued of which 74 were issued to relatives who felt they could manage without calling upon the assistance of the District Nursing Service. Local doctors are aware of the facilities available and have issued official notes asking for supplies to be issued to relatives.

#### CHIROPODY.

During most of the year the staff remained at one qualified chiropodist and it became difficult to meet the increasing demand for this service. Towards the end of the year, however, the situation did improve a little when a part-time chiropodist was engaged for one day per week, working at the old people's hostels. This arrangement allowed the full-time chiropodist to devote extra time to the clinic sessions. Since the best results are achieved when treatments are

regular and the interval between visits not too long, it may be necessary in future to restrict the number of new patients until additional staff becomes available. The chiropdist reported that the number of unkept appointments was disappointing.

Sessions were held at the Greyfriars Way Clinic on Mondays and Wednesdays; at the Trafalgar Road Clinic, Gorleston, on Tuesdays and Thursdays, and at the Welfare Department's Old People's Hostels on Fridays. Latterly it was possible to hold sessions at the Yarmouth and Gorleston Clinics on alternate Fridays. No charges were made to the patients for treatment. There were 1139 persons on the register at the end of the year, including 74 residents at the Council's hostels and five physically handicapped persons.

Statistics :—

Number of sessions held	463
Number of treatments given	3529
Average number of treatments per session	7.6

#### PROBLEM FAMILIES.

The work amongst these families continued along the lines described in previous reports. The Welfare of Children Committee which includes representatives from all departments of the Corporation concerned continued to meet regularly. Policy on particular families is agreed and then action is taken by the appropriate officer or a recommendation is made to the appropriate Committee of the Council or to a voluntary organisation. The committee serves a useful purpose in co-ordinating the work, in pooling information and resources, and prevents overlapping. Some of the families, however, are most resistant and require constant supervision but there is now a tendency for fewer families to be considered at the meetings which would seem to indicate a fall in the number of problem families in the area.

#### FLUORIDATION OF WATER SUPPLIES.

The Department of Health have again asked that this report should contain information on the action taken by the Council on the fluoridation of public water supplies.

Last year the Council rescinded a previous decision agreeing to the fluoridation of the water supplies, and this resolution was not altered following the receipt and discussion of Circular 24/68. Apart from the controversial nature of this particular measure, it is abundantly clear that if the introduction of fluoridation is dependent on the agreement of all authorities sharing the same water supply then the benefits of fluoridation are going to be denied to the population for a long time to come.

#### CERVICAL CYTOLOGY

This service is governed by the number of smears which can be examined at the pathological laboratory of the Norfolk and Norwich



Hospital. Last year I reported that restrictions on the number of smears which could be submitted were removed, following a considerable outcry because the service was not universally available, but owing to the shortage of trained technicians to do this work a moratorium had to be imposed. Women in “at risk” groups can still be tested and women attending the Family Planning Clinics are offered this service by the doctors in attendance. There is some indication, however, of a falling off in the demand for this service and it is likely that a state of equilibrium should be reached in the near future.

### DOMESTIC HELP SERVICE

The demand for this service grows as the Geriatric Health Visitor continues to find elderly people who need help.

In January there was an influenza epidemic which added to the work because it was almost impossible to get elderly patients into hospital as the outbreak of influenza also involved the wards. Home Helps, by visiting the elderly victims of the epidemic, often became ill themselves, and this increased the strain upon the service.

Later in the year, an industrial dispute in the Transport Department caused more problems and tribute should be paid to the Home Helps for the way they worked during the strike, some having to walk considerable distances to reach their people. Throughout this period, however, no elderly person was left without help, despite the difficulties.

A second assistant Home Help Organiser was appointed in June. It was then possible to allocate one organiser to the Gorleston area and the other to Great Yarmouth. Each has her own Home Helps and patients for whom she is responsible.

The highlight of the year was a Home Help Rally organised by the Superintendent Nursing Officer in conjunction with the Association of Home Help Organisers, and the Mayor and Mayoress graciously welcomed some 300 Home Helps from all over East Anglia. Guest speakers were invited to talk on topics concerned with the work and responsibility of Home Helps. The Chairman of the Health Committee presided at the meeting.

In very dirty cases two Home Helps, known in the department as The Dirt Squad, work together. During this year two cases had to be dealt with by the Squad, one of which was extremely unpleasant and had to be tackled several times during the year. The Home Helps who undertake this work are to be congratulated on the way they deal with these problems.

The following table shows the amount of work undertaken this year compared with last year :—

Year	Number of homes visited	Number of Home Helps employed	Number of visits made	Number of hours worked
1967	790	89	49,991	91,177
1968	837	85	49,264	89,696

## MENTAL HEALTH SERVICE

### STAFF.

One Mental Welfare Officer left in September to take up similar employment with another authority elsewhere. Another officer was appointed to replace him and commenced duty on the 1st October 1968.

### MENTALLY ILL PATIENTS.

The number of hospital admissions, in which the Mental Welfare Officers were involved, was 161 compared with 169 last year. The following table gives details :—

	Male	Female	Total
Informal admissions	46	53	99
Admissions under Section 25 for observation	17	25	42
Admissions under Section 26 for treatment	2	4	6
Admissions under Section 29 (emergency)	5	8	13
Admissions under Section 60 through the Court	1	—	1
	—	—	—
	71	90	161
	—	—	—
Complaints investigated without recourse to hospital admission	58	95	153
Absconding patients returned to hospital	5	11	16
Patients returned after leave of absence	2	6	8
Visits at request of hospital to patients	39	54	93
Visits at request of hospital to relatives	38	31	69
Care and after-care visits	418	580	998

### SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 77 persons (42 male and 35 female) in these categories living in the community and known to the Authority.

There were three in employment and five attended the Training Centre. All the others received home visits from the Mental Welfare Officer.

Six new cases were reported, four from the School Health Service and two from other sources. One man remained under the guardianship of the local authority.

One boy and one woman were admitted on a permanent basis to hospital, and one man and two girls were admitted for short-term care, the man eventually being placed in board residence in the community.



Several persons who live in board residence enjoyed a fortnight's holiday in Lowestoft during August.

#### THE TRAINING CENTRE.

At the end of the year there were 89 trainees on the Register, of whom 55 were from Great Yarmouth, 33 from Norfolk and one from East Suffolk.

The arrangements for transport, meals, milk, dental and medical inspection were unchanged.

The adult section with 66 trainees, continued to work under very trying conditions. The morale, however, remained high and the normal enthusiasm was stimulated by the possibility that work on the new centre is likely to start in the near future.

I am pleased to acknowledge the continued support and interest of local firms who supply the centre with light assembly work. This aspect of the centre's activities was developed during the year by our acceptance of the work offered by an additional firm, and there is now some variety in the material available for developing the trainees' manual dexterity. When the new extensions are completed, however, it will be possible to increase considerably the social training side of the work, which has, of necessity, had to be kept to a minimum.

A few mentally ill patients continued to derive benefit from their attendance at the centre, but even this work has had to be curtailed in view of the limited accommodation.

The trainees have enjoyed their evenings and outings at the three social clubs which met weekly in different parts of the town.

#### CARE AND AFTER-CARE.

Care and after-care of mentally ill patients in the community are the responsibility of the Mental Welfare Officers.

The Mental Welfare Officer for subnormal patients visited 24 persons who live in the Borough and who do not attend the Training Centre.

The Haven Club, which is the psychiatric social club, continued to meet on Wednesday afternoons from 2.30 to 4.30 p.m. at the Shrublands Youth and Adult Centre, where members were always made to feel welcome and at home. The membership remained at ten, with several members passing through the Club each year. There were 42 meetings with an average attendance of seven. The Club fulfils a useful purpose in helping members to regain their confidence and make new friends after experiencing psychiatric difficulties, and although the numbers are small this maintains the friendly informal atmosphere so essential in a venture of this nature.



## MISCELLANEOUS SERVICES

### NATIONAL ASSISTANCE ACT, 1948, Section 47

### NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

When such cases are brought to notice every effort is made to avoid compulsory powers and to solve the problem by other means. Only one case occurred during the year. An elderly lady suffering from chronic ill health and in need of proper care and attention was referred to the department. After intensive care over one weekend by the Geriatric Health Visitor, District Nursing Sister and a Home Help, the old lady finally agreed to go into hospital.

### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

#### Health Services and Public Health Act, 1968

There are no day nurseries in the town. At the beginning of this year there were two registered child-minders, each registered to take ten children. During the year one of these left the area and another application for registration was received. The latter was registered for a few months but found that there was little demand for this type of service and that it was uneconomic to continue. Two other enquiries concerning registration were received but after investigations had been made they decided not to proceed with their applications.

Play groups are becoming more popular in this area and serve a useful purpose. Circular 36/68 from the Department of Health drew attention to the amendments made to the Nurseries and Child-Minders Regulation Act, 1948 by Section 60 of the Health Services and Public Health Act, 1968. Failure to register now carries a fine of £50 for a first offence. Applications have been received from the organisers of three existing play groups now required to be registered under the Act.

Health Visitors pay regular visits and make out reports. Initial investigations concerning the standards required for registration are carried out by the Superintendent Nursing Officer.

## **NURSING HOMES**

Public Health Act, 1936, Section 187.

Nursing Homes Act 1963.

There are two registered nursing homes, one for 50 patients and one for 24. Each provides care mainly for the chronic sick, although one takes post-operative patients from the General Hospital when requested to do so.

As reported last year, the Nursing Homes Act, 1963 empowers the local authority to ensure that standards of staff, accommodation and equipment are appropriate to the work done, and officers are permitted to interview patients privately. So far it has not been necessary to use this provision.

Routine inspections are carried out at about six monthly intervals by the Medical Officer of Health and the Superintendent Nursing Officer.

### **MEDICAL EXAMINATION OF STAFF 1968**

Entrants to the Superannuation Scheme	68
Entrants to the Sick Pay Scheme	26
Teachers' first teaching appointment	—
Teachers' transfer to local schools	20
Teachers' College Entrants	31
Firemen's Pension Scheme	6
Examination for pension surrender	—
Examinations on behalf of other authorities	2
Examinations carried out by other authorities	—
P.S.V. Licence	16
	<hr/>
	169
	<hr/>

# **The Chief Public Health Inspector's Report**

F. T. PORTER, M.A.P.H.I., C.S.I.B., Chief Public Health Inspector

## **INTRODUCTION**

### **STAFF.**

The serious shortage of qualified Public Health Inspectors continued throughout the year. The establishment was two short for the whole time and three short for three months.

This situation resulted in restriction in the amount of routine work it was possible to carry out. Implementation of new legislation has been virtually impossible under these circumstances.

I would like to express my appreciation for the consideration, help and support which I have received from the Chairman and members of the Health Committee and also from the Medical Officer of Health. My thanks are due to the staff for their loyal and reliable support.

### **LEGISLATION.**

New regulations covered a wide field. The Clean Air Act, 1968 was received but does not become law until Orders are made appointing dates for introduction of the various sections in 1969.

The Solvents in Food (Amendment) Regulations, 1967, were received in January this year and will come into operation in November 1969. These made a correction in the specification of one of the permitted solvents in the original regulations.

The Merchandise Marks (Imported Goods) No. 7 Order 1934 Amendment Order 1967, came into operation in March. This Order amends the original to allow a reduction in the size of lettering to letters of not less than  $\frac{1}{8}$  inch in height when an indication of origin is required on prepacked meat and edible offals on exposure for sale, where the net weight does not exceed 4 lbs. The Order extends the new requirement to chilled beef, frozen mutton, lamb and pork in prepacked form, to each container or package of meat.

The Imported Food Regulations, 1968, came into operation on 1st August. They consolidate previous regulations designed to protect public health in relation to imported food.

The Fish and Meat Spreadable Products Regulations, 1968, came into operation in March. They specify requirements for the description, composition, labelling and advertisement of meat paste and fish paste.

The Caravan Sites Act, 1968, which came into operation in August, provides measures for the protection of residential occupiers and for the provision of gipsy encampments, on a date to be appointed by the Minister.

The Meat Pie and Sausage Roll Regulations, 1967, came into force in May. Minimum meat contents of these products have been laid down. The Labelling of Food Regulations came into force, in part, in January. This part dealt only with food containing cyclamates.



## **SANITARY CIRCUMSTANCES OF THE AREA**

### **WATER SUPPLY.**

The water was supplied by the East Anglian Water Company. The intake was at Horning from the River Bure, with a new alternative intake situated at Belaugh for use when the salinity of the water exceeded the statutory limit.

Pre-chlorination was used to control mussel growths in the pipes taking the water to the Ormesby purification plant. The process at the plant comprises  $3\frac{1}{2}$  days storage, primary rapid filtration and secondary slow sand filtration followed by chlorination.

The quantity of water supplied to the town was adequate and there were no restrictions imposed upon its use. The average consumption of 76 gallons per head per day was apportioned as domestic 36 and industrial 40. The maximum day's consumption was 6,968,000 gallons, including supply to part of the area of the Blofield and Flegg Rural District Council.

All dwellinghouses in the Borough are supplied by the Company's mains, and their records show a total of 21,288 domestic supplies.

In order to maintain freedom from plumbo-solvent action a lime treatment plant is in use, this varies the discharge of lime, so as to ensure the alkalinity of the water at all times.

Frequent chemical and bacteriological samples were taken of the water from supply pipes and results of these were all satisfactory. The fluoride content of the water was 0.2 parts per million.

### **SEWERAGE.**

The system of disposal of sewage into the river and then to the sea remained the same and was reasonably adequate.

### **PUBLIC CLEANSING.**

Refuse collection continued to be undertaken by the Borough Engineer's department and disposal was by burying at the tip in the Cobholm area. This tip was again well maintained and the amount of exposed tip face kept down to a minimum.

Weekly collections of refuse were carried out, and more frequently upon request and payment.

Action was taken to require new dustbins, where found necessary, under the Public Health Act, 1936.

The problem of dumping refuse on sites and in empty houses was again the subject of many complaints and 528 visits made showed an increase of 93 over the previous year's total. To some extent the open sites in all districts of the town are conducive to this activity. Appropriate action was taken to secure the removal of refuse and the Cleansing Superintendent and his staff again gave co-operation and help in dealing with this increasing problem.

### **COMMON LODGING HOUSES.**

There are none in the town.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The Ministry of Labour issued 9 circulars to local authorities dealing with subjects which fall within the scope of the Act. Nineteen premises were registered and one hundred and ninety-three received a general inspection. The total number of registered premises at the end of the year was 708.

There is still a considerable amount of work to be done. Due to the continuing staff shortage, no comprehensive survey was possible.

Where premises did not comply with the Act, informal action was taken by notification to the persons responsible. No legal proceedings were taken.

## GENERAL SANITATION.

The following table shows the number of visits made during the year.

TABLE A.

Nature of Visit or Inspection				No. of Visits
Atmospheric Pollution—smoke	...			159
Atmospheric Pollution—offensive smells				260
Caravans, Tents, Vans, etc.	...			124
Diseases of Animals	...	...		—
Drainage	...	...	...	119
Dykes	...	...	...	148
Exhumations	...	...	...	—
Factories	...	...	...	109
Fumigation and Disinfection			...	2
Insect Infestation	...	...		35
Inquiries in cases of Infectious Diseases				16
Miscellaneous Sanitary visits			...	264
Noise	...	...	...	88
Offensive Trades		...	...	41
Knackers Yard		...	...	3
Outworkers	...	...	...	4
Public Conveniences		...	...	135
Rats and Mice	...	...	...	266
Refuse Accumulations	...	...		528
Refuse Collection and Disposal			...	46
Schools	...	...	...	3
Ships	...	...	...	183
Shops	...	...	...	81
Stables and Piggeries	...	...		137
Swimming Pools	...	...		25
Theatres and Places of Entertainment				5
Water Supply	...	...	...	3

# FACTORIES ACTS, 1937 TO 1961.

The following tables show the work carried out under the above Acts. Eighty-two inspections were made during the year and no serious defects were noted. It was not necessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	3	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	277	107	2	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	5	—	—	—
Total	285	109	2	—

TABLE C.

Particulars	No. of Cases in which defects were Found Remedied		Referred by H.M. Inspector	Referred to H.M. Inspector	Prosecutions
Want of cleanliness	1	1	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	5	5	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	7	7	—	—	—



## OUTWORK

Nature of Work	Section 133			Section 134		
	No. of out-workers in Aug. List required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>Wearing Apparel—</b>						
Making, etc.	39	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
Total	39	—	—	—	—	—

### OFFENSIVE TRADES.

Total No. on the register	...	...	13
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	10

Forty-one visits were made to these premises during the course of the year.

### SWIMMING POOLS.

There are two public swimming pools in the town, one private pool at a holiday camp and four pools on school premises. The arrangements for filtration and chlorination were the same as described in the report for 1965.

The staff made 25 visits and carried out 46 check tests to determine the amount of free chlorine and alkalinity of the water. No trouble from algal growths occurred during the year.

### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Seven premises are registered as Upholsterers under Section 2 of the Act.

### SANITARY CONDITION OF CINEMAS AND THEATRES.

Five visits were made to the cinemas and theatres in the Borough and the sanitary accommodation and washing facilities were found to be well maintained.

ATMOSPHERIC POLLUTION.

One hundred and fifty-nine visits were made in connection with the emission of smoke and grit to the atmosphere. Observations were also made where necessary and followed by notification to the persons responsible where it was considered a nuisance had been committed. No notices were served.

No notifications were received under Section 3(1) of the Clean Air Act to install new furnaces.

CARAVAN SITES.

No further licences under the Caravan Sites and Control of Development Act 1960 were issued this year.

Details of all caravan sites in the Borough are as follows :—

Permanent sites	...	3
Holiday sites	...	3

The South Denes Tent Site which had been operated by the Council ceased this year.

A tent site off Acle New Road continued to operate during the summer season. This had been licensed by the Council in 1967.

Generally, all the sites within the County Borough were well run and good standards were maintained. One hundred and twenty-four visits were made to the sites during the year.

HOUSING.

During 1968, twenty-four houses were represented as unfit under the Housing Act, 1957, eleven were made the subject of Closing Orders, seven were the subject of Demolition Orders, and no undertakings were accepted. The Tower Street compulsory purchase order was the subject of a public enquiry on 23rd April, and notification of confirmation of the Order was received from the Minister of Housing and Local Government on 22nd May. This Order dealt with 58 houses, together with 7 areas of “grey” lands.

Considerable work was again involved in dealing with applications for mortgage advances and improvement grants for houses. The houses concerned were inspected when considered necessary and an opinion concerning their future life was given. A total of 87 inspections were made.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	805
(b) Number of re-inspections made for the purpose					1242
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925-32	...	...	...	...	Nil

(iii) Overcrowding :—			
Number of houses inspected	...	...	32
(iv) Verminous houses :—			
Number of houses inspected	...	...	21

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	...	...	...	194
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3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied	...		44
(ii) Number of houses in which defects were remedied after service of formal notices :—			
(a) By owners	...	...	49
(b) By Local Authority in default of owners			Nil

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	...	...	...	—
(ii) Number of houses rendered fit under Section 16	...			2
(iii) Number of houses rendered fit under Section 24	...			—
(iv) Number of houses in respect of which demolition orders were made	...	...	...	7
(v) Number of houses in respect of which closing orders were made	...	...	...	11
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made				—
(vii) Number of houses in respect of which undertakings were accepted	...	...	...	—
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health	...	...		—
(ix) Number of houses demolished	...	...		14

RENT ACT, 1957.

No applications for certificates of disrepair were received, none were issued and there were no cancellations.

NOISE ABATEMENT.

The number of complaints received was 88. This was a decrease compared with the number received for the previous year. Informal action was taken by co-operation with the occupiers concerned. No statutory action was necessary. Some complaints were again found to be unjustified or outside the scope of the Act.



## INSPECTION AND SUPERVISION OF FOOD

### A. MILK.

Routine visits and inspections of milk dealer establishments during the year have shown that no known “untreated” milk was sold in the Borough. The majority of the milk sold was subjected to pasteurisation heat treatment, a lesser amount to sterilisation and a very small percentage to the ultra heat treated method, which is only sold in cartons. The fact that all the milk sold was subjected to one of these methods of heat treatment was a satisfying feature from the point of view of public health.

#### *Milk and Dairies (General) Regulations, 1959.*

Number of premises registered for the distribution of milk 86

#### *Milk and Dairies (Special Designation) Regulations, 1963.*

Number of dealers licensed to sell pre-packed milk 83

Number of dealers licensed to heat treat milk by pasteurisation 3

\*Number of dealers licensed to heat treat milk by sterilisation 1

\*The sterilisation plant was not used by the dealer during the year.

### MILK SAMPLING.

#### (a) For presence of antibiotics.

Farmers can obtain antibiotics for the treatment of mastitis affecting their cows, independent of veterinary control. If a suitable period of time (which may be as much as 4 or 5 days after treatment) is allowed, the milk given by the cow should be free from antibiotics. A small minority of farmers fail to allow this period of time to elapse, and it is therefore necessary to sample milk for the presence of antibiotics, in view of their potential harm to the consumer.

Sixty samples of milk were tested for the presence of antibiotics, and in three cases the public analyst reported the presence of penicillin. Although the amounts of penicillin were about half the limit fixed by the Ministry, the samples, consisting of mixed milk from a great number of farmers, indicated a probable high level of contamination in the offending farmer's milk. In two cases, the milk was supplied from tanker supplies, and owing to the number of farmers involved, follow-up action proved difficult. However, in the case of a sample of Channel Island milk, only a few farmers were involved, and a complaint was made to the officer of the local authority in which the farms were situated, for follow-up action to be taken at the farms.

#### (b) For fat and non-fatty solids.

Sixty-eight samples of milk were taken in order to check the composition in respect of milk fat and non-milk fat solids and for the presence of added water. The public analyst reported that 61 of

these samples were genuine, four samples had added water, and one sample had a deficiency of 2.7% of non-fatty solids. Two samples were broken in the course of transit. In one case a follow-up sample from the farm concerned proved to be satisfactory, but it was noticed that a milk pipe in the dairy was out of alignment, and could have caused retention of cleansing water. This was brought to the notice of the farmer, and resulted in adjustments being made to the pipe. In the second case of added water, officers of the adjoining local authority took follow-up samples at the two farms concerned, but these were found to be genuine. Samples were again taken of milk on arrival from the farm in this last case, and these were also found to contain water. Additional formal sampling was then carried out at the farm by officers of the local authority concerned, and these resulted in a prosecution against the farmer, who was fined £10 together with costs of £35. One sample of milk was found to be 2.7% below the standard for non fatty solids, but the Hortvet Test showed that no added water was present which indicated a feeding deficiency as the cause of the unfavourable reading. In respect of Channel Island milk, the fat content was found to vary from 4.14 to 5.3%, and the non fatty solids from 8.27 to 9.14%. In ordinary milk, the figures were from 3.35 to 4.2% and 8.44 to 8.93%.

(c) Bacteriological milk sampling.

Ninety-six samples of milk were taken from the dairies for routine bacteriological examination. The results of the examinations were as follows :—

	Number taken	Methylene Blue Test		Phosphatase Test		Turbidity Test		Results Invalidated
		Passed	Failed	Passed	Failed	Passed	Failed	
Sterilized Milk	14	—	—	—	—	14	—	—
Pasteurised Milk	82	77	—	82	—	—	—	5

These results indicate excellent standards of milk processing at the local dairies.

MILK SUPPLIES – BRUCELLA ABORTUS.

Tests for Brucella Abortus organisms are only normally carried out on raw milk (which can be sold retail under the special designation “Untreated”) as it is considered that the heat treatment applied to milk is sufficient to render innocuous such organisms which may be present. As no known “Untreated” milk was sold in the Borough during the year, no arrangements were made for this kind of testing.



## PLANT HYGIENE.

Visits were made at frequent intervals throughout the year to the three local dairies processing milk by pasteurisation, and hygiene checks were made on bottle washing plants and the general cleansing procedures in use. The sorting out of unsuitable returned bottles and the efficiency in preventing bottles incapable of proper cleansing from reaching the filler, has always been a problem for the dairies, in that the "human element" of prolonged concentration by the staff of the dairy, is involved. However, inspections carried out have shown that satisfactory conditions existed, and there were no dirty milk bottle complaints to the Department.

## B. MEAT INSPECTION.

A Ministry Circular was published during the year announcing measures to be taken at slaughterhouses in connection with the Brucellosis (Accredited Herds) Scheme. Under this Scheme, animals showing a positive reaction to the official brucella blood test carried out by the Ministry, are to be sent to local slaughterhouses for slaughter. Notification would be received by the local authority of any such cases and it is stated that certain organs are to be treated as unfit for human consumption. No such animals have, as yet, been sent to the two local slaughterhouses for which this local authority is responsible.

The licences were again renewed in respect of the two slaughterhouses following application from the private company concerned. Inspections showed that the best practicable means were employed in order to comply with the legal standards for slaughterhouse hygiene, having due regard to the character and age of the buildings, and also the congested area in which they are situated. The conditions of congestion and lack of loading and unloading space could only be overcome by the construction of a new slaughterhouse away from the centre of the town. However, present day economics do not appear to favour the construction of new small slaughterhouses to cater for a through-put of animals in the figure range as recorded in the following table.

The figures show that the number of animals slaughtered remained similar to the previous year, there being slightly fewer cattle, but an increase in the number of pigs and sheep. All animal carcasses and organs were subject to full inspection by public health inspectors and any unfit meat detected was removed to a special container provided for the purpose.

Livers and lungs were the organs with the highest percentage of unfitness. Unsoundness in livers was mainly due to parasitic conditions and in view of the high commercial value of liver, it is surprising that more measures are not taken to break the life cycle of the parasites concerned. Two very localised cases of tuberculosis were discovered in lungs and mesenteric fat of two bovine animals. Just over 5% of



all pigs slaughtered were found to have been infected with small lesions of localised tuberculosis, necessitating condemnation of the parts concerned.

In general, the meat passing through these slaughterhouses was of a very high quality, and although the table shows quantities of unfitness, some measure of this was due to the reception of casualty animals sent in for emergency slaughter in order to prevent undue suffering, and for the salvage value of the carcasses.

The following table shows the number of animals killed and inspected and the number of carcasses condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1893	2	5	1738	6763	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticercosis :—</i>						
Whole carcasses condemned	—	—	1	—	19	—
Carcasses of which some part or organ was condemned	434	—	1	16	865	—
Percentage of the number inspected affected with diseases other than tuber- culosis	22.9	—	40	0.92	13.07	—
<i>Tuberculosis only :—</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	2	—	—	—	367	—
Percentage of the number inspected affected with tuberculosis	0.11	—	—	—	5.4	—
<i>Cysticercosis :—</i>						
Carcasses of which some part or organ was condemned	4	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

## Details of Carcasses, Parts of Carcasses and Organs surrendered.

	Tuberculosis	Other Causes
Cattle carcasses (excluding cows)	—	—
Cow carcasses	—	—
Pig carcasses	—	16
Calf carcasses	—	1
Sheep carcasses	—	—
Bovine heads	—	10
„ tongues	—	7
„ livers	—	317
„ lungs	1	165
„ udders	—	1
„ spleens	—	16
Bovine kidneys	—	13
„ skirts	—	5
„ hearts	—	9
„ mesenteric fats	1	4
„ tripes	—	—
„ tails	—	—
Pigs' heads	127	19
„ plucks	—	74
„ hearts	—	67
„ kidneys	—	53
„ livers	—	366
„ mesenteric fats	238	26
„ spleens	2	28
„ udders	—	2
„ lungs	—	106
„ legs and feet	—	51
Calves' heads	—	—
„ livers	—	—
„ kidneys	—	—
Sheep plucks	—	1
„ livers	—	7
„ hearts	—	5
„ kidneys	—	—
„ heads	—	3
Beef	—	—
Pork	—	416 lbs.
Mutton	—	—

### DISPOSAL OF UNFIT MEAT AND OTHER FOODS.

Unfit meat condemned at the slaughterhouses was removed daily for processing at a reduction plant by the trader who has the contract

for this purpose in connection with the Meat Staining and Sterilization Regulations. Other unfit foods were stained at the Council's condemned food store before being collected for burial in the Council's controlled refuse tip.

### C. ICE CREAM.

Apart from the ice cream sold from 347 premises selling the conventional solid products, 30 of these dealers used continuous freezer ice cream machines to sell the "Softa Freeze" ice cream during the summer season. The bacteriological quality of this latter product is not dependent upon the hygienic conditions at the manufacturing factory so much as the conditions operating at the point of sale. For this reason more attention was given and more sampling directed to maintaining a high standard of hygiene in the cleansing, sterilisation and maintenance of the continuous freezers and their equipment. Although more samples should have been taken for the number of operators involved, (the inspectorial staff being well below establishment for yet another year) the 29 samples taken for bacteriological examination gave a good idea of the hygienic conditions prevailing. The following table shows the grading of the results of the samples obtained from the Methylene Blue Test :—

Grade 1	Grade 2	Grade 3	Grade 4
21	5	3	—

Grade 2 samples are designated as having just passed into the satisfactory classification, leaving room for improvement, and the 5 dealers concerned were informed of the results. The three Grade 3 results were the subject of follow-up visits to the premises in question. As a result of these investigations it was shown that the adverse results were due to :—

1. Incorrect strength of detergent sterilising solution used to cleanse and sterilise continuous freezer machine.
2. Final rinse water used after sterilisation procedure not being clean.
3. One case in which the steam steriliser used by the firm concerned had broken down and no chemical sterilisation procedure had been used during the period of breakdown.

### FOOD STANDARDS (ICE CREAM) REGULATIONS 1959.

These regulations lay down the legal standards for fat, non fatty solids, and sweetener content. The eleven samples taken for this purpose were declared genuine by the Public Analyst. The fat content however, was found to vary from 6.66% to 11.10%. They were, however, all above the legal minimum of 5%.



FOOD AND DRUGS ACT 1955 SECTION 16.

Ninety-eight visits were made to premises used for the storage, sale or manufacture of ice cream, and in most cases, the premises were found to comply with the provisions of the above-named Act. Where the premises did not comply with the required standard, informal action was found to have the desired effect. The number of dealers registered under this Act was as follows :—

Manufacturers	3
Retailers	347

D. FOOD SAMPLES TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE FOOD AND DRUGS ACT, 1955.

Two hundred and seventy samples of food and drink were taken or purchased from local shops as a result of routine investigation or complaints made to the Department. 34 of these samples (12%) were reported to be unsatisfactory in some respect. The following table shows the nature of the adulteration or irregularity :—

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
Milk	Contained 1.5% added water	Bottled milk concerned from bulk tanker supply rendered follow-up sampling difficult. Two follow-up samples taken from bulk tanks at two suspected farms by adjoining local authority proved to be genuine.
Channel Island Milk	Contained 1.3% added water	Investigation at dairy showed that this may have been due to cleansing water remaining in unaligned pipe in the pasteurisation plant. Follow-up sample taken after adjustment of pipe had been carried out, proved to be genuine.
Quick Grits	Declaration of vitamins and minerals not in the prescribed form	Importers stated that labels were not checked by the shippers, but that the manufacturers were directed to alter the label of the next consignment as requested.
Lemon Curd	Deficient in citric acid	Correspondence with manufacturers resulted in further sampling.
Coffee Flavoured Dessert	'Corn Syrup' in the list of ingredients must be replaced by 'Glucose Syrup'.	Firm concerned arranged for necessary alteration to be carried out in the course of printing the new labels.
Coconut Jellies	Contains a non-permitted colour, probably Blue V.R.S.	Matter taken up with the local retailer, manufacturer and also the Public Health Department of the Local Authority in which the manufacturer was situated. All stocks were withdrawn from sale and extensive inquiries were carried out by the firm to ensure that none of the offending Coconut Jellies remained in stock.

Mint Humbugs	'Corn Syrup' in the list of ingredients must be replaced by 'Glucose Syrup'	Matter taken up with the manufacturers who agreed to alter printing of the wrappers as necessary.
Pineapple Juice	Fruit juice content not more than 50%	<div> <div></div> <div>The importers of product carried out special analysis of the juice concerned. As a result of investigation by the Public Analyst, the standard for pineapple juice from this source was found to be lower than for standards generally. In the circumstances it was agreed that the likelihood was that no water had been added to this product.</div> </div>
Pineapple Juice	Appears not to be 100% fruit juice	
Angelica	Contains a non-permitted colour probably Patent Blue V	Stock from local retailer was surrendered to Department and destroyed. Matter was also taken up with the wholesaler and also the public health department in whose area they were situated. Wholesalers isolated stock concerned and returned it to Belgium. At the same time the importers arranged to have the necessary analysis made on proposed future imports of this product.
Strawberry Fruit Filling	The words 'Corn Syrup' in the list of ingredients must be replaced by 'Glucose Syrup'.	The firm was allowed to use existing stock of labels on condition that the new printing would be amended accordingly. This was agreed to.
Mixed Vegetables	List of ingredients in wrong order.	Investigation carried out by the manufacturer brought to light the fact that the dried peas ingredient was soaked before being mixed with other vegetables, and being filled into the can. This had the effect of altering the weight of this ingredient, allowing it to conform to the list of ingredients as printed.



Baked Beans with Bacon Burgers	Contains 540 p.p.m. of tin	Investigations made at the local retailer's premises showed that sample was from old stock which may have caused high tin content. As the line was said to have been a slow-seller no re-stocking of this product was made. At the time of the investigation the remaining stock had already been sold.
Lemon Curd	Deficient in citric acid	Matter reported to the Public Health Committee who resolved that a warning letter be sent to the firm concerned. Representative of firm visited this Department and admitted to the low acidity being caused by an error during manufacture. Follow-up sample taken at a later date found to be satisfactory.
Lemon Jelly Marmalade	Name and address of manufacturer not clearly legible and conspicuous	Correspondence with the firm concerned resulted in the revision of the label in accordance with the request made by this Department.
Hot Dog Sausages	Appropriate designation should be "Skinless Hot Dog Sausages in Brine"	Part of designation obliterated by holiday competition advertisement on the label. As this advertisement was for a limited period of time, the explanation offered by the firm was accepted.
Meat Tenderiser	No list of ingredients	Manufacturers withdrew old containers of this product which did not show list of ingredients and these were to be replaced with correctly labelled containers.
Creamed Potatoes	Consists of dehydrated cooked potato; description on the label must show that it is a dried article	It being agreed with the firm concerned that the Ministry was expected to issue regulations governing this point to be read in conjunction with the Labelling of Food Regulations 1967, it was decided to leave the matter in abeyance for the time being.

Solid Pack Apples	No name and address of packer or the words “Registered Trade Mark”	Consultation with the firm concerned has shown that the present product contains the label with the appropriate wording. As the sample in question was taken from old stock involving a small remaining quantity, it was decided to accept the firm’s explanation in this matter.
Cherry Jam	Fermented, unfit for consumption	Jars taken from same stock found to be satisfactory. Fermentation appeared to have taken place after jar was opened by complainant and contamination may have occurred in complainant’s household.
Rock	Claim “made from cane sugar and glucose” misleading—other ingredients present	Firm agreed to obliterate statement from existing stocks.
Handi-Bake	No list of ingredients	None of this product imported since sample taken and firm concerned decided to discontinue the importation of this product altogether.
Figs in Syrup	Contained 300 p.p.m. of tin	Representations with the firm concerned resulted in all tins with a similar code number being withdrawn from sale. Arrangements also made by the firm to have the can partially lacquered in future.
Hot Cherry Peppers	Must be described as “Pickled Hot Cherry Peppers”	Firm decided not to re-import and agreed to withdraw 4 remaining cases from stock.
Whole Baby Beetroots	Correct description is “Pickled Beetroot” or “Beetroot in Vinegar”. Two different lists of ingredients, one incorrect	The firm agreed to alter the label as requested, at the next printing.

Braised Kidneys	Correct description should be “Braised Kidneys in Sauce”	Importers took action to prevent shipment of this product bearing old-type label which was used on this sample. New label had been amended in accordance with the Labelling of Food Order.
Corned Beef	Discoloured by contamination with iron, probably derived from the can	Can containing corned beef not available for examination. However, matter taken up with research institute involved in connection with the manufacture of the cans, stated that the sulphur staining between the tin plate and sulphur containing gases of the meat are being investigated from the point of view of evolving special lacquers to combat this type of staining.
Prawns	Appropriate designation “Prawns in Jelly” must appear on the label. No list of ingredients	Manufacturers stated that no gelling agent was used in this product. As a result of investigation, it was accepted that gelling could occur at low temperatures and that it was probable that the sample was exposed to cold conditions immediately prior to analysis. In the circumstances it was agreed that “Prawns in Brine” or “Prawns in Salt” would be accepted.
Channel Island Milk	Contained 2.6% added water	As these were bottled milk samples, further samples of the firm’s milk were taken on arrival. The farmer whose milk contained water was discovered and further sampling carried out by the adjoining local authority, resulted in a successful prosecution.
Channel Island Milk	Contained 2.6% added water	
Sugar	Contained 2.5% of salt	

Investigation showed that this was an isolated incident. As packet had been opened by complainant it appears salt may have been inadvertently introduced in the household.



Greengage Flavour Jelly	The term "liquid glucose" in the list of ingredients must be replaced by "glucose syrup"	Matter taken up with firm concerned who have agreed to alter the wording as necessary.
Fresh Orange	Interior partly rotted by a bacteriological infection—unfit for consumption	Matter was subject of complaint, but complainant was unable to identify the stall from which orange was purchased. No action possible.
Chicken with Ham Soup	Not a soup but a soup mix; list of ingredients incorrectly stated.	The matter was taken up with the firm concerned, which resulted in a controversy over the interpretation of the legal labelling requirements applicable to this product. However, it was discovered that the line had been discontinued by the firm concerned and in the circumstances it was decided not to take the matter any further.

## E. OTHER FOODS.

The following unfit foods were surrendered to the Department as a result of routine sampling, inspection, notification and complaint. Arrangements were made for all this food to be suitably stained by a green dye before burial in the Council's refuse tip :—

Angelica	6 lbs.
Bacon	105½ lbs.
Beverages	14 jars
Biscuits and cereals	187 pks.
Butter	½ lb.
Canned foods	10,880 tins
Cakes	26
Cheese	57 lbs.
Confectionery	66 pks.
Coffee	12 jars
Currants	1 pkt.
Dripping	28 lbs.
Flour	75 bags
Frozen food	803 pkts.
Fruit juice	38 bots.
Jelly	83 pkts.
Lard	84 lbs.
Marzipan	5 pkts.
Meat	7,128¾ lbs.
Melons	19 cases
Milk	2 pts.
Mince meat	112 lbs.
Onions	25½ cwts.
Pickles	12 jars
Packet foods	253 pkts.
Salt	2 cartons
Sauce	28 bots.
Sweets	736 lbs.
Turkey	1
Vinegar	1 bot.

## FOOD COMPLAINTS.

Twenty-five complaints were received from members of the public regarding the condition of certain foods purchased within the Borough during the year. The complaints involved various foodstuffs, including chocolate confectionery, bread, meat, cakes, butter, crabmeat, tinned meats, meat pies and dripping. In five cases the foods contained foreign bodies and in the majority of the other cases unsoundness was the main cause of complaint. In every case, the matter was taken up with the shop, firm or manufacturer concerned. Ready co-operation by the trades people involved resulted in the implementation of hygienic measures considered necessary by the department. In view of this

co-operation it was not found necessary to resort to legal proceedings on any occasion and the faults appeared to be isolated cases, as each complaint was in respect of a separate matter relating to different foods.

One interesting case involving meat was investigated and as a result of the investigation the complaint was not considered justified because there was no evidence of unsoundness. A television programme seen the previous evening by the complainant on the subject of meat causing food poisoning appeared to have had the effect of suggesting to this person that the meat purchased on the previous day was likely to cause ill health. Such is the power of suggestion.

#### THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963.

Regular quantities of Dutch frozen egg in 44 gallon cans continued to enter the port during the year. With each consignment a certificate was received by the department from the Dutch Government Dairy Institute at Leyden certifying that samples from the consignment in question had passed the alpha amylase test prescribed for this product.

#### FOOD HYGIENE.

Inspections of food premises were carried out for the detection of any contraventions against the Food Hygiene Regulations but the amount of routine work carried out had, of necessity, to be curtailed owing to shortage of staff. All complaints were investigated and all premises requiring registration for the sale of certain foods were inspected, and recommendation for registration made only when the condition of the premises reached the required hygienic standard. Work requested in connection with contraventions of the Regulations was completed as a result of informal action and it was not found necessary to take legal proceedings in any cases dealt with during the year.

Advice was again given in respect of new food premises and alterations to existing food premises brought to the attention of the department by plans submitted to the Council for Planning or Building Regulation purposes.

The following list gives the number of visits made to the various food premises in connection with food inspection and hygiene of buildings :—

Bakers	148
British Railways	—
Butchers	193
Canteens	1
Confectioners	76
Dairies and Milk Dealers	144
Fishmongers	83



Food Factories	135
Greengrocers	77
Grocers	578
Hotels and Boardinghouses	7
Ice Cream Premises	98
Imported Foods	151
Licensed Premises	47
Mineral Water Manufacturers	2
Restaurants	109
School Kitchens	6
Slaughterhouses	1,054
Stalls	3,420
Motels	—

#### FOOD HYGIENE (GENERAL) REGULATIONS 1960.

The following information is included in accordance with the instructions contained in the Ministry of Health Circular 1/66 dated 11th January 1966 :—

Type of premises	Number of premises	Number of premises fitted to comply with Regulation 16 (wash-hand basins)	Number of premises to which Regulation 19 applies (facilities for washing food and equipment)	Number of premises fitted to comply with Regulation 19
Bakers and Confectioners	69	69	69	69
Canning factories	3	3	3	3
Butchers	44	44	44	44
Dairies and premises selling milk	83	83	42	42
Fishcurers	37	37	37	37
Flour Mills	2	2	2	2
Fried/Wetfish and Shellfish Mongers	74	74	74	74
Groceries and Provisions	73	69	25	25
Greengrocers	31	31	25	25
Ice Cream Manufacturers and Dealers	350	350	350	350
Mineral Water Manufacturers	1	1	1	1
Potato Crisp Manufacturers	1	1	1	1
Potato Dealers	6	6	6	6
Public Houses and Licensed Premises	174	174	174	174
Restaurants and Cafes	156	156	156	156
Slaughterhouses	2	2	2	2
Tripe Dressers	2	2	2	2
Wines and Spirits	17	17	—	—

POULTRY INSPECTION.

In accordance with the Ministry of Health Circular 1/69 the following details are given :—

(i) Number of poultry processing premises within the district	...	...	...	...	...	1
(ii) Number of visits to these premises	...	...	...	...	...	28
(iii) Total number of birds processed during the year	...	...	...	...	...	6,159,774
(iv) Types of birds processed—broilers and capons	...	...	...	...	...	
(v) Percentage of birds rejected as unfit for human consumption	...	...	...	...	...	0.24
(vi) Weight of poultry condemned as unfit for human consumption	...	...	...	...	...	47,375 lbs.
(vii) Comments on poultry processing and inspection :—						

The standards of hygiene maintained at the local processing plant continued to be very satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

The Fertiliser and Feeding Stuffs Regulations, 1968 came into force in July and made changes in the requirements relating to the statutory declarations given with the fertilisers and feeding stuffs. Manufacturers must now give a quantitative declaration of any minerals added to fertilisers and declare the presence of any added pesticides or herbicides. They must also give a quantitative declaration of any coccidiostats, anti black-head drugs, copper or magnesium added to any feeding stuffs and state the presence of natural or synthetic hormones. A problem was created for agricultural analysts in that the trade name used by manufacturers made it difficult to identify the true chemical name of the drugs. This situation has now been resolved by a Ministry direction that the true chemical name of the drug must be stated in the declaration.

Sampling in this field had to be curtailed during the year but the following samples were submitted to the Agricultural Analyst :—

	Informal	Formal
Fertilisers	2	1
Feeding Stuffs	2	—

One feeding stuff sample was found to have an excess of oil content outside the limits prescribed by the regulations. The purchaser would not have been unduly prejudiced in this case but the firm concerned was asked to sample more frequently so as to arrive at an accurate figure for the statutory declaration. An excess of nitrogen in one fertiliser sample was drawn to the manufacturer's attention.

In the other fertiliser sample, the potash content was sufficiently deficient to be prejudicial to the purchaser and this was followed up by

a Formal Sample. This Formal Sample was found to be genuine which appeared to indicate a varying composition throughout the consignment and the manufacturer was informed of these findings.

## **DISEASES OF ANIMALS ACTS**

The following information has been obtained from the Diseases of Animals Act Inspector :—

ANTHRAX ORDER, 1938.

No cases of suspected anthrax were reported.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Fifty-five premises were licensed under this Order. Regular inspections were carried out.

SWINE FEVER ORDER 1963.

REGULATION OF MOVEMENT OF SWINE ORDER 1959.

SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1958.

No cases of suspected swine fever were reported within the area of this local authority.

During the year 239 licences authorising the movement of 2,852 pigs were dealt with compared with 346 licences involving 4,833 pigs in 1967.

Five licences were issued for the movement of 5 pigs for breeding purposes.

## **RODENT CONTROL**

The Authority employed one Pests Officer and four Rodent Operatives. There were no major rat infestations in the Borough during the year. There was an increase in the number of mouse infestations, all of which were minor in character. There were no reports of ship rats, nor any evidence of the same found during the year. Other infestations dealt with by the Rodent Control Staff are included in this report. It is of interest to note that a new poison—Alpha Chloralose—was released by the Advisory Committee on Pesticides, for use in the control of mice. Another poison—Courmatchalyl—has been released for rats which have become resistant to anticoagulants such as warfarin. Alpha naphthylthiourea (Antu) was withdrawn from the poisons list as it was suspected that it contained carcinogenic impurities. Experiments with ultrasonic sound for the control of rats and mice in certain situations have been tried out by the Ministry of Agriculture Fisheries and Food. Much more research is necessary before it becomes a practical reality.

The following table shows the number of properties dealt with :—



	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	22,114	4
2a. Total number of properties (including nearby premises) inspected following notification	3,000	1
2b. Number infested by (i) Rats	615	1
(ii) Mice	625	—
3a. Total number of properties inspected for rats and/or mice for reasons other than notification	1,704	4
3b. Number infested by (i) Rats	275	3
(ii) Mice	236	1

#### DWELLINGS.

Rat infestations in dwellings were mainly due to defective drains. Other contributory causes were : broken sub-floor ventilating grids, holes in external walls, dried-up water-closet pans, and badly-fitting doors. Roof infestations were due to rats climbing up the rainwater pipes to the eaves. Outside infestations were associated with or attributed to the following : garden sheds, compost heaps, overflowing and uncovered dustbins, and food thrown out for the birds. The Pests Officer made 553 visits to dwellings and as a result the following work was done :—

Holes in external walls made good	15
Fixing sub-floor ventilating grids	14
Disused lavatory pans sealed	17
Repairing minor defects to drains	10
Wire cages fixed to rainwater pipes	32
Garden and domestic refuse heaps removed	48
Sheds raised	11
Fowl houses removed or rebuilt	7
Dustbins or other receptacles provided	9
Fixing collars to bird trays	5
Sealing doors and windows of Closing and Demolition Order properties	15
Bills prohibiting the dumping of refuse	19

#### BUSINESS PROPERTIES.

Business properties preparing, selling, or warehousing foodstuffs, were inspected by public health inspectors and the Pests Officer for rats and mice. Any infestations found were dealt with by the Rodent Operatives. Other properties, including those having servicing arrangements, were visited either as a matter of routine or on request.

#### COUNCIL PROPERTIES.

A general survey of Council owned properties was carried out both inside and outside the Borough, including schools, playing fields, the race course, golf course, cemeteries, and entertainment centres. Pests dealt with included rats, mice, rabbits, moles and insects.

#### HOSPITALS.

The Council have regular servicing arrangements for rodent and insect pests at the hospitals within the town.

#### REFUSE TIPS.

The Council's refuse tip is situated near Breydon Water on the outskirts of the town. The dumping of foodstuffs and other waste matter attracts rats from adjoining lands outside the Council's control. The Rodent Operatives' task is a continuing one on this account.

#### ALLOTMENTS.

Council allotments are subject to certain restrictions governing the keeping of livestock, and are mainly concerned with the cultivation of crops. Occupiers of many privately owned allotments situated in the Cobholm area, fence and lock their allotments where they are used for the housing of livestock. The amount of food available in some of the derelict sheds is conducive to rat infestation.

#### SEWERS.

Two sewer treatments were carried out during the year, the first in April and the second in October and November. Many of the manholes baited with zinc phosphide and fluoracetamide showed a decrease in the amount of poison taken, which probably indicated a reduction in the rat population in the sewers.

#### PORT AND HAVEN.

Regular inspections and poison treatments prevented any build-up in the numbers of rats on the quays and wharves. Further information with regard to the number of rats known to be destroyed is given in the Port Health Report, Table E.

#### AGRICULTURAL PROPERTIES.

Constant observations and treatment of farm land and buildings, particularly those housing livestock, prevented rats spreading to the built up areas. No action was necessary under the Dismantling of Ricks Act.

## INSECT AND OTHER INFESTATIONS.

The following infestations were dealt with by the Rodent Control Staff :—

Ants	29
Bees (Honey)	3
Beetles not specified	7
Bugs	9
Cockroaches	16
Coypu	1
Earwigs	4
Fleas	15
Flies	3
Field Mice	17
Moles	15
Pigeons	26
Rabbits	8
Sparrows	2
Starlings	2
Carpet Beetles	1
Silver Fish	1
Bumble Bees	3
Lice	1
Clover Mites	3
Plaster Mites	2
Cat and Dog Fleas	7
Wasps	10

## PIGEON DESTRUCTION.

Continued efforts were made to reduce the number of pigeons throughout the year, either by netting, shooting, or the use of narcotics.

Pigeons destroyed	157
Eggs destroyed	69
Nestlings destroyed	15





# The Report of the Port Medical Officer

## PORT OF GREAT YARMOUTH

### INTRODUCTION.

1968 was the first complete year in which the Port was approved for the issue of deratting exemption certificates and 47 of these were issued to Masters of vessels using the Port. The amount of time devoted to the routine inspection of vessels had thus to be reduced, due mainly to the inspectorate being below establishment for the whole year. The increase in the number of vessels using the port was maintained and details appear below :—

Year	Total No. of Arrivals	Total Net Registered Tonnage
1951	1,272	213,526
1965	2,813	732,174
1966	3,806	896,940
1967	4,973	1,254,260
1968	6,019	1,299,533

Much of this increase in the activity of the port is associated with the drilling in the North Sea, and an analysis of the types of vessel using the port is given in Table B.

The amount of food imports also increased during the year and inspection of this is dealt with in the section on Food Inspection

This report is compiled in accordance with the provisions of the Ministry Circular 33/52. As there has been no change in the matters listed under Sections V, VI, VIII, XIV, XV and XVI, the information relating to these subjects has not been repeated.

## Section I — STAFF

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
R. G. NEWBERRY	Port Medical Officer	1.7.68	M.B., B.S. D.P.H.	Medical Officer of Health, County Borough of Great Yarmouth.
W. STEWART	Deputy Port Medical Officer	21.10.68	M.B.E., M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health, County Borough of Great Yarmouth.
F. T. PORTER	Port Health Inspector	3.3.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.
R. S. R. COLEMAN	Deputy Port Health Inspector	10.6.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Deputy Chief Public Health Inspector, County Borough of Great Yarmouth.

## Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The following table shows the amount of shipping and tonnage arriving at the port between 1st January and 31st December 1968.



TABLE B.

Nos. of Foreign and Coastwise Shipping		Net Registered Tonnage	Number inspected By the M.O.H. By the Inspectors		No. of Ships re- ported as having infectious disease on board
Laden	1,976	605,139			
Ballast	245	71,169			
Repairs & Refuge	52	15,124			
North Sea Gas Supply Ships	3,746	608,101			
Total	6,019	1,299,533	4	131	Nil

### Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

#### PASSENGER TRAFFIC.

No vessels used the port during the year for the purpose of passenger traffic but some conventional cargo boats and three “roll on roll off” container cargo boats carried some passengers. Most of the passengers on these latter vessels consisted of the lorry drivers and their companions in charge of the containerised cargo passing through the port. Most of the passenger traffic was between Great Yarmouth, Rotterdam and Scheveningen. The details are as follows :—

Number of passengers INWARDS—6,027

It is not possible to give an accurate figure for outward bound passengers. All trucking crews of European origin return to the Continent, although not necessarily through this port. Drilling crews similarly, may arrive by sea and return by helicopter.

#### CARGO TRAFFIC.

Cargo traffic continued to flourish during the year with the introduction of three “roll on roll off” vessels for containerised cargoes. The continued activity in the exploration for North Sea gas has maintained Great Yarmouth as one of the major ports for the numerous supply vessels taking part in this activity.

The following table shows details of the quantities and nature of cargo handled during the year as recorded by the Port and Haven Commissioners :—

	Imports	Exports
Cattle, Ponies, etc	—	12,934 head
Coal	34,467 tons	—
Chemicals	13,020 „	4,886 tons.
Fruit and Vegetables	30,347 „	—
Groceries	34,790 „	14,085 „
Grain and Seeds	36,377 „	—
Fertilizers	24,502 „	—
Clay	1,594 „	—
Metals, Scrap Iron, etc.	—	68,609 „
Paper, Strawboards and Woodpulp	12,926 „	1,547 „
Petrol, Paraffin, Fuel Oil, etc	497,954 „	—
Salt	1,237 „	6,362 „
Sugar	—	2,551 „
Timber	44,316 „	—
Caravans	—	778
Glass	—	7,220 „
Machinery	—	754 „
Others	8,480 „	2,315 „

#### North Sea Exploration Supply

	Inwards	Outwards
Chemicals	3,123 tons	31,660 tons
Cement	235 „	18,311 „
Drilling Equipment	14,564 „	28,225 „
Steel Piping	27,145 „	101,813 „

#### PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.

Denmark—Fredricksund, Copenhagen.

East Germany—Hamburg, Bremen.

Finland—Kotka, Abo, Kemi.

Holland—Rotterdam, Amsterdam, Scheveningen, Maisluys.

Norway—Christiansund, Oslo, Trondheim.

Sweden—Kalmar, Gothenburg, Larvik.

Poland—Stettin.

#### Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

## **Section V — WATER SUPPLY**

No change.

## **Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952 - 1966**

No change.

## **Section VII — SMALLPOX**

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that the Ipswich Ambulance Service will undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport should be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

(4) Specimens for laboratory examination will be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

## **Section VIII — VENEREAL DISEASE**

No change.

## **Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS**

TABLE D. — Nil.

No notifiable disease occurred on ships arriving at the port during the year, but two ships arrived from foreign infected ports. On each occasion the ships were boarded by the Port Medical Officer who checked the vaccinal state of the crews. On one vessel this was found to be satisfactory, and H.M. Customs Officers were advised to grant free pratique. On the other vessel the vaccinal state was found to be satisfactory with the exception of one member of the crew whose International Certificate had expired. He was revaccinated and issued with a new certificate. Another vessel put into the port with a crew member who was stated to be in a feverish condition and the vessel



was boarded by the Deputy Medical Officer of Health and the Chief Public Health Inspector. The man was not suffering from a quarantinable disease and evidence of vaccination was satisfactory, free pratique was granted.

## **Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS**

No cases of malaria occurred in ships entering the port.

## **Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE**

No ships infected with or suspected for plague arrived at the port.

## **Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS**

The majority of foreign vessels using the Port come from neighbouring European countries and the general standard of hygiene has been found to be satisfactory in most cases during recent years. Certain older vessels from countries further afield enter the Port in fewer numbers but these ships had a lower general standard of hygiene warranting greater attention.

### **(1) Procedure for inspection of ships for rats.**

During normal routine inspection of vessels by Port Health Inspectors, the existence and date of the International Deratting or Deratting Exemption Certificates are checked for validity. In those cases where the period of validity of the certificate had expired, the Master of the vessel was informed of the fact and a detailed inspection of all sections of the ship was then carried out for evidence of rodents and for conditions constituting harbourage to rodents. Where satisfactory conditions were found a new deratting exemption certificate was issued by the department in accordance with the provisions of the Public Health (Ships) Regulations 1966.

### **(2) Arrangements for the bacteriological and pathological examination of rodents.**

Rodents for this type of examination would be submitted to the Public Health Laboratory at Norwich but there was no evidence during the year indicating the need for such examinations.

### **(3) Arrangements in the district for deratting ships.**

Great Yarmouth is not designated as an Approved Port for the deratting of ships. Where evidence of rats was found on a vessel,

temporary emergency treatment could be carried out by the department but the Master of the vessel would be directed to the nearest “Approved Port” for the necessary treatment.

(4) Progress in the rat-proofing of ships.

Vessels using the port in connection with the North Sea Oil Industry are vessels which, in most cases, have been constructed during the last few years, embodying the latest methods of hygienic construction, and incorporating a high degree of rat-proofing. In cases where the need of rat-proofing has been discovered the Master or owners of the ship are requested to effect the necessary remedies.

TABLE E.

No rodents were destroyed during the year in ships from foreign ports. 207 Brown Rats were destroyed in docks, quays, wharfs and warehouses situated in the port area.

TABLE F.

47 Deratting Exemption Certificates were issued to Masters of vessels during the year, most of these being at the request of the Master or Agents. As the port is not designated for deratting no Deratting Certificates were issued.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER. 1951.

Since the Port was approved for the issue of deratting exemption certificates, the need to issue rodent control certificates under the above mentioned order appears to have been unnecessary, as Masters of vessels using this Port have always expressed preference for the former international certificate. In the circumstances, no rodent control certificates were issued by the department during the year.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections		Notices served		Result of serving notices
		Statutory notices	Other notices	
British ships	39	—	4	2 complied with
Foreign ships	92	—	4	4 complied with
British fishing vessels	—	—	—	—
Total	131	—	8	6 complied with



## **Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.**

No change.

## **Section XV — MEDICAL INSPECTION OF ALIENS**

No change.

## **Section XVI — MISCELLANEOUS**

No change.

### **FOOD INSPECTION**

## **PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1968**

The Public Health (Imported Food) Regulations 1968 came into force on the 1st August and re-enacted the previous regulations on the subject incorporating certain amendments such as increased powers of detention and adding new provisions relating to “containerised” cargoes. The introduction of this last mentioned provision proved timely, as during the year two firms started to operate three large vessels from the port, built for the purpose of carrying containerised cargo on a daily service between Great Yarmouth and the Continent. Owing to the large volume of cargoes involved H.M. Customs found it necessary to install a customs inspection service at the warehouses of the two firms concerned and the resulting liaison which was possible by subsequent arrangement with that department enabled a more effective imported food inspection service to be operated by the staff of the Public Health Department. A number of containers of refrigerated meat were inspected and the validity of the “Official Certificate” was checked against the code numbers published by the Ministry of Agriculture, Fisheries and Food. A further number of containers of refrigerated meat were not examined, but the details of the consignment were passed to the Public Health Authority of the receiving area in accordance with the procedure laid down by the regulations.

Other foods which continued to arrive daily in the port during the year included canned meats, ham, fruit and lard, cheese, margarine, fresh lettuces, cabbages, tomatoes, cucumbers and onions. A new development was the importation of fresh fish packed in boxes of ice from Holland, mainly for the London market. Inspection and sampling of these imported foods showed them to be of satisfactory quality except in isolated cases such as canned meats which appeared to have been the subject of faulty heat treatment in the foreign factories concerned. In these cases the foodstuffs were surrendered to the department and stained before disposal by burial in the Council’s refuse tip.

Number of inspections of consignments of imported foods : 157.

The following table shows details of samples of imported foods submitted to the Public Analyst for routine analysis :—



Commodity	No. submitted	Results
Dutch Lettuce	3	Genuine but one sample 10 p.p. Gammexane
Pork Luncheon Meat	1	Genuine
Sausages in Brine	1	Genuine
Dutch Cucumbers	5	Genuine (free from pesticide residue)
Chicken Breast in Jelly	1	Genuine
Sauerkraut	1	Genuine
Solid Pack Apples	1	Unsatisfactory
Dutch Tomatoes	3	Genuine (free from pesticide residue)
South African Oranges	3	Genuine
Dutch Cabbage	1	Genuine
Dutch Onions	1	Genuine
Roumanian Tomatoes	1	Genuine

As there had been previous traces of pesticide residue in the samples of Dutch Lettuce taken from the same importer, the attention of the firm was drawn to this condition, which resulted in the matter being taken up with the Dutch producer.

The label of the can of solid pack apples was not in accordance with English law, but was altered following action by this department.

# **The Report of The Principal School Medical Officer**

TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,  
Great Yarmouth.

June, 1969.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1968.

As judged by the results of routine medical inspections, the general health of the school children is satisfactory. The percentage of pupils found to require treatment was 18.5, the average for the last ten years being 19.2%. The majority of defects found were those concerned with visual acuity and this defect accounted for 13.2% of all defects, the average for the last ten years being 13.5%.

The incidence of infectious disease was low, and it is becoming open to question whether the recording of infectious diseases in its present form serves any useful purpose. Immunisation has been almost completely successful in eliminating many of these diseases and it is interesting to note that the last recorded cases of poliomyelitis in school children of this Borough occurred in 1957. For Diphtheria the interval of time is even longer. Herein lies a danger, because the prolonged absence of disease breeds complacency in its stead, and only the continuous acceptance of the need for immunisation can maintain the relative absence of the infectious diseases which applies at the present time.

In March, the Ministry of Health asked local authorities to make arrangements for the vaccination of children against Measles, the campaign to start in May. The experience of some other countries and the results of controlled experiments in this country have indicated that immunisation by the administration of one dose of vaccine would offer protection against measles for a number of years. The eventual elimination of measles, which hitherto has occurred in epidemic form every two or three years, was the aim of the recommendation. In view of the importance the Minister attached to the measles immunisation campaign the vaccine was supplied free of charge for the initial campaign up to the end of March 1969. The amount of vaccine initially available was not sufficient to protect all susceptible children and so at the outset it was offered to selected groups only. Vaccination was begun on the 26th June, the five-year-olds being dealt with first. Five hundred and thirty-seven children were immunised during the year.

Reference was made in last year's Report to the mild outbreak of Scabies which started in the town towards the end of 1966. During 1968 nineteen school children were treated, compared with 27 last year.

The demand for speech therapy continued at the same level as in previous years, there being 798 attendances during the year, only 21 less than in the previous year. The waiting list remained a lengthy one in spite of every effort to reduce the time interval between referral and appointment

There was a marked increase in the number of children referred to the Child Guidance Clinic. Many were referred by their general practitioners because of behavioural problems at home rather than for educational or behavioural problems at school.

I wish to express my thanks to the Education Committee for their support during the year, to the Chief Education Officer and his staff and to the Heads of all schools for their assistance and co-operation.

I have the honour to be,

Your obedient servant,

R. G. NEWBERRY,

*Principal School Medical Officer.*



## EDUCATION COMMITTEE

1968 - 1969

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### COUNCIL MEMBERS

#### *Chairman .*

Alderman Mrs. K. M. ADLINGTON, J.P

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Alderman L. F. BUNNEWELL

Alderman A. W. ECCLESTONE, J.P.

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The Reverend D. HOLT, B.A.

R. F. HORNER, Esq.

Miss M. J. JOHNSON, M.B.E., J.P.

The Reverend J. MOSSEY

R. PACKARD, Esq.

## STAFF OF SCHOOL HEALTH SERVICE

### *Principal School Medical Officer :*

K. J. GRANT. O.B.E., M.A., M.B., Ch.B., D.P.H. (to 30.6.68).  
R. G. NEWBERRY, M.B., B.S., D.P.H. (from 1.7.68).

### *School Medical Officers :*

R. G. NEWBERRY, M.B., B.S., D.P.H., (to 30.6.68).  
MARGARET R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.  
W. STEWART, M.B.E., M.B., Ch.B., D.P.H. (from 21.10.68)

### *Principal School Dental Officer :*

B. C. CLAY, L.D.S., R.C.S.

### *School Dental Officer :*

KATHERINE L. HARRIES, L.D.S., R.F.P.S.

### *Dental Auxiliary :*

Miss C. MATTINGLY (to 31.8.68).

### *Ophthalmologist (part-time) :*

DOROTHY K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

### *Consultants (East Anglian School) :*

Ear, Nose and Throat—

P. S. DHASMANA, F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

### *Speech Therapist (part-time) :*

Miss J. RUTT, L.C.S.T.

### *Superintendent Nursing Officer :*

Miss G. C. MOORE, S.R.N., S.C.M., Queen's Nurse, H.V.cert.

### *School Nurses :*

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Miss M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. M. CHASE, S.R.N., S.C.M., H.V.cert. (part-time)

Mrs. B. I. EVERITT, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. K. WALTON, S.R.N., S.C.M., H.V.Cert. (part-time)

Mrs. J. FERNANDEZ, S.R.N. (from 10.6.68).

*Chief Clerk :* A. G. SHOOBRIDGE

*Senior Clerk :* L. C. BANHAM

*Clinic Clerk :* Miss E. COOPER

### *Dental Surgery Assistants :*

Miss B. BOYES

Mrs. E. J. GEORGE

Miss D. HUDSON

## POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population of the town was 51290 which is 620 less than the figure last year.

The number of pupils on the registers in January 1968 was 8725, an increase of 159 on the previous year's total.

The total number of pupils on the school registers in January of each year since 1959 was as follows :—

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
9289	9268	9226	9002	8757	8734	8691	8604	8566	8725

Average numbers on books and average attendance for the year ended 31st March 1968 :—

### PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Stradbroke	200	241	219	91
Peterhouse	280	271	251	93
Herman	240	233	217	93
Church Road	160	159	143	90
Wroughton*	310	303	280	93
Edward Worlledge	80	105	93	89
Cobholm*	150	142	130	92
Greenacre	240	116	104	90
St. George's	200	160	144	90
Northgate/St. Andrew	160	164	152	93
Alderman Swindell	280	214	191	89
	2300	2108	1924	91
* including Nursery Class (30)				



	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Stradbroke	400	357	333	93
Peterhouse	480	434	411	95
Herman	320	330	315	95
Wroughton*	500	455	428	94
Edward Worlledge	280	224	210	94
Greenacre	240	177	160	90
Nelson	240	175	163	93
North Denes*	360	273	255	93
	2820	2425	2275	94

\* including use of converted changing rooms.

#### SECONDARY SCHOOLS

Alderman Leach	480	355	315	89
Claydon	360	392	355	90
Cliff Park	420	442	406	92
Greenacre	480	228	207	91
Styles	330	296	269	91
Hospital	480	281	251	89
Grammar	540	456	424	93
High	540	426	397	93
Technical	680	646	608	94
	4310	3522	3232	92

#### VOLUNTARY SCHOOLS

St. Nicholas Junior	320	290	273	94
St. Mary's R.C.				
Junior	120	87	81	93
Infants	80	52	48	92
St. Edmunds				
Sec. Mod.	150	140	128	91
	670	569	530	93

## SCHOOL MEDICAL INSPECTION

Pupils are medically examined on at least three occasions during their school life. Inspections are normally carried out soon after the child starts in the infant school, before he or she leaves the junior school and finally before leaving school to seek employment. These regular examinations are described in the table below as the periodic medical inspection of entrants, intermediates and secondary leavers respectively. In a certain number of cases the school doctor may feel that it is desirable for a child who has attended a routine medical inspection to have a further examination at a later date. These re-inspections may be conducted at the school or clinic. Children not due for periodic inspection may have "special inspections" at the request of the parents, teachers or school nurses.

Vision testing is carried out as early as is practicable, usually at about the age of  $5\frac{1}{2}$  years, and re-testing occurs at suitable intervals of time. Colour vision tests are given to both boys and girls at the intermediate examination and when a defect is found the parent or child is informed of the occupations which require normal colour vision.

The following tables provide statistical information on the inspections and the findings which resulted from them.

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOLS

#### *Periodic Medical Inspections*

Number of inspections in the prescribed groups :—

Entrants	...	...	...	554
Intermediates		...	...	395
Secondary leavers		...	...	594
				<hr/>
Total		...	...	1543
				<hr/>

#### *Other Inspections*

Special inspections	...	...	45
Re-inspections	...	...	133
			<hr/>
Total	...	...	178
			<hr/>

### *Pupils found to require treatment*

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1964 and later	12	11	23
1963	13	42	42
1962	1	5	5
1961	1	2	3
1960	—	—	—
1959	—	1	1
1958	—	—	—
1957	39	17	52
1956	21	10	25
1955	—	—	—
1954	—	—	—
1953 and earlier	116	30	135
Totals	203	118	286



## Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	22	3	—	—
Eyes :—				
Vision	203	135	6	—
Squint	30	6	—	—
Other	5	—	—	—
Ears :—				
Hearing	7	5	2	—
Otitis Media	4	5	1	—
Other	1	—	—	—
Nose and Throat	9	8	1	—
Speech	5	7	6	—
Lymphatic Glands	1	1	—	—
Heart	1	5	—	—
Lungs	6	10	—	—
Developmental :—				
Hernia	—	2	—	—
Other	1	11	—	—
Orthopædic				
Posture	—	4	—	—
Feet	6	8	1	—
Other	7	6	—	—
Nervous system :—				
Epilepsy	3	—	—	—
Other	1	1	—	—
Psychological :—				
Development	—	3	4	1
Stability	1	4	—	—
Abdomen	2	—	—	—
Other	1	3	2	1

## Attendance of Parents

Parents are invited to be present at the inspections at appointed times in order to avoid unnecessary waiting. Attendance of parents followed the usual trend of being high for the entrants, slightly lower for the intermediate examinations and much lower for the leavers. The following table shows the percentages of attendances for the last ten years.

Parents attending the examination %										
	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Entrants	97	87	95	92	97	94	95	99	96	96
Intermediate	85	84	83	81	70	83	79	79	80	77
Leavers	34	27	31	34	21	16	16	17	12	18

### *Physical condition of pupils inspected*

When the School Medical Officer has finished his examination of the child at the medical inspection, he is asked to record his opinion about the child's physical condition. Following the recommendation of the Ministry of Education the health of the child is described as either "satisfactory" or "unsatisfactory". It should be remembered that this assessment is based on the clinical opinion of the Medical Officer and that there is no absolute standard.

It is pleasing to note that the trend towards more physically satisfactory pupils, which has been evident for the last ten years, has continued and for the fourth year it can be recorded that no pupil attending a school in the Borough was assessed as unsatisfactory.

Year	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1968	1543	1543	100.0	—	—
1967	2579	2579	100.0	—	—
1966	1979	1979	100.0	—	—
1965	2301	2301	100.0	—	—
1964	2371	2362	99.6	9	0.4
1963	2090	2085	99.8	5	0.2
1962	1852	1847	99.7	5	0.3
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6
1959	2454	2442	99.5	12	0.5

### *Hearing Defects*

Pupils suspected of suffering from hearing defects may be detected at school medical inspection or, more commonly, referred by Teachers or Parents, who have the children for longer periods of observation.

They are all tested on a pure tone audiometer to assess the degree of hearing loss. The Medical Officer responsible for this service also works in close collaboration with the Speech Therapist, and cases are referred from the latter in order to eliminate the possibility of the fault in speech being due to a hearing defect.

During the year nine children were referred for audiometric tests and of these six were new cases, and three re-examinations. Two were referred to the Ear, Nose and Throat department at the Hospital and seven were found to require no treatment.

HEIGHTS AND WEIGHTS

The following tables show the averages of heights and weights of children between certain ages examined at the three routine medical inspections. The figures for 1968 and some previous years are included in the tables.

A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1968	31	5 7/12	42.9 ins.	42.0 lbs.
	1967	64	5 7/12	43.9 ins.	44.3 lbs.
	1966	36	5 7/12	42.9 ins.	42.4 lbs.
	1965	43	5 8/12	43.2 ins.	45.0 lbs.
	1964	45	5 8/12	42.1 ins.	43.1 lbs.
	1963	48	5 8/12	43.5 ins.	43.6 lbs.
11-11½ yrs.	1968	94	11 3/12	57.0 ins.	85.4 lbs.
	1967	195	11 3/12	56.5 ins.	83.7 lbs.
	1966	194	11 3/12	56.4 ins.	81.5 lbs.
	1965	209	11 3/12	56.9 ins.	84.4 lbs.
	1964	155	11 3/12	56.3 ins.	83.7 lbs.
	1963	128	11 3/12	56.6 ins.	81.1 lbs.
14¼-14¾ yrs.	1968	98	14 7/12	62.7 ins.	115.3 lbs.
	1967	62	14 8/12	61.7 ins.	115.6 lbs.
	1966	63	14 7/12	62.1 ins.	114.6 lbs.
	1965	87	14 7/12	62.4 ins.	115.5 lbs.
	1964	96	14 7/12	62.7 ins.	116.2 lbs.
	1963	94	14 7/12	61.8 ins.	118.7 lbs.



## B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1968	47	5 9/12	44.9 ins.	45.4 lbs.
	1967	80	5 7/12	42.2 ins.	45.6 lbs.
	1966	42	5 8/12	44.2 ins.	44.8 lbs.
	1965	43	5 8/12	44.0 ins.	45.4 lbs.
	1964	48	5 8/12	43.4 ins.	46.1 lbs.
	1963	60	5 8/12	44.2 ins.	45.9 lbs.
11-11½ yrs.	1968	107	11 3/12	56.4 ins.	83.2 lbs.
	1967	203	11 2/12	56.6 ins.	81.6 lbs.
	1966	194	11 3/12	56.8 ins.	82.6 lbs.
	1965	202	11 3/12	55.9 ins.	80.1 lbs.
	1964	212	11 3/12	56.4 ins.	82.3 lbs.
	1963	128	11 3/12	56.0 ins.	80.1 lbs.
14¼-14¾ yrs.	1968	91	14 7/12	64.0 ins.	118.8 lbs.
	1967	65	14 8/12	64.8 ins.	121.1 lbs.
	1966	54	14 7/12	64.4 ins.	118.8 lbs.
	1965	61	14 8/12	64.2 ins.	118.9 lbs.
	1964	110	14 8/12	64.5 ins.	121.7 lbs.
	1963	107	14 7/12	63.8 ins.	117.6 lbs.

## TREATMENT

There are two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea. Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions are held every day unless the School Nurse is at a school. There are, however, always three sessions a week on alternate days, and where necessary a child can be seen on any day by prior arrangement with the Clinic. A doctor is in attendance once weekly at both Clinics and at other times the sessions are held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of minor ailments and skin diseases such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the Clinics for the treatment of such conditions.

The Clinic sessions are also used for the special inspection of children referred by parents or head teachers and for the re-inspection of children in whom defects were discovered at a previous inspection.

The number of attendances at the Clinics for all purposes except errors of refraction for each of the past four years was as follows :—

	1968	1967	1966	1965
Great Yarmouth	609	857	1055	1039
Gorleston	1261	1101	972	1488
	<hr/> 1870 <hr/>	<hr/> 1958 <hr/>	<hr/> 2027 <hr/>	<hr/> 2527 <hr/>

#### DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin disorders continued to form a large part of the work among school children, and a total of 377 children were known to have been dealt with compared to 351 last year. Of these cases, 74 were treated at hospital and 303 at the Clinics. Warts either on the hands or on the feet formed the majority of skin conditions seen, and 145 cases were treated. Other conditions included 13 cases of impetigo. There were 37 cases of scabies.

Year	1968	1967	1966	1965	1964
Cases	377	351	316	435	446

#### EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated at the Minor Ailment Clinic and 18 cases attended during the year, more serious cases being referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays. The numbers of children attending remained much the same as in previous years, 437 attending the clinic and a further 219 being dealt with at hospital.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	28
Errors of refraction including squint	656
Total	684
Number of pupils for whom spectacles were prescribed	349

#### DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 25. The number who received operative treatment at the hospital for tonsils and adenoids was 155 compared with 143 last year.

	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	25
for adenoids and chronic tonsilitis	155
for other nose and throat conditions	14
Received other forms of treatment	11
Total	205

#### ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the Authority. Any child found to require treatment is referred to the out-patient clinic at the local hospital.

The number of children known to have been treated at the out-patient department was 387 compared with 405 last year.

#### CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital.

There were 30 clinic sessions held during the course of the year. Of the 98 patients attending, 42 were patients who had not previously attended the clinic, and 56 were cases being followed up. The sessions were held by Dr. I. N. S. Heald, Consultant Psychiatrist, Little Plumstead Hospital.

#### SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with teachers.



The following is a statistical summary of the work at the speech clinics :—

	Yarmouth	Gorleston	Total
Cases treated	27	28	55
Attendances	352	446	798
New Cases	10	5	15
Discharged	5	5	10
Left area	—	—	—
Left school	—	2	2
Defects treated :			
Stammering	3	7	10
Retarded speech development	4	6	10
Dyslalia	20	11	31
Deaf speech	—	1	1
Cleft Palate	—	1	1
Cerebral Palsy	—	2	2

ENURESIS

Enuresis or bedwetting is a distressing complaint for which children are often referred to either the school doctor or the general practitioner. In cases which are resistant to advice and simple medication, enuresis alarms are available on loan from the department. They have proved to be generally successful in operation, and are now issued to children at the request of general practitioners, the Child Guidance Clinic, and the physician in charge of the Children’s Department at the Hospital, as well as on the advice of the school doctors.

During 1968, alarms were issued to eleven boys and three girls. The three girls and five of the boys were apparently cured. One case was considerably improved. Non-perseverance or non-use of the alarm after issue accounted for the rest.

**HANDICAPPED PUPILS**

ASCERTAINMENT AND DISPOSAL.

During the year the following handicapped pupils were newly ascertained as requiring special educational treatment :—

Partially hearing	1
Deaf	1
Partially sighted	1
Educationally subnormal	9
Maladjusted	1

Of these and two others previously ascertained the disposal was as follows :—

Admitted to special residential schools or hostels	1 Deaf. 1 Partially sighted pupil. 1 Partially hearing pupil. 2 Maladjusted pupils. 3 Educationally subnormal pupils.
Admitted to special classes in ordinary schools	6 Educationally subnormal pupils.
Awaiting places in residential schools or hostels	1 Educationally subnormal pupil.

At the end of the year there were 110 pupils on the handicapped pupils register. The position may be summarised as follows :—

Blind	Nil.
Partially sighted	8—7 at special school. 1 at ordinary school.
Deaf	8—6 at residential special school. 2 at ordinary school.
Partially hearing	15—2 at special school. 12 having special educational facilities at ordinary schools. 1 pre-school child visited by peripatetic teacher.
Physically Handicapped	10—3 in residential special schools. 7 having special educational facilities at ordinary schools.
Delicate	1 at residential special school.
Maladjusted	6 in residential special schools or hostels.
Educationally Subnormal	62—10 in residential special schools. 51 in special classes in ordinary schools. 1 in medical unit.

## VACCINATION AND IMMUNISATION

Vaccination against measles has now been added to the list of measures to protect the school child. This will now take its place in the schedule of vaccination and immunisation procedures along with immunisation against smallpox, diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis.

## DIPHTHERIA

The following table shows the number of children of school age who were immunised in this year and the previous three years, with either diphtheria/tetanus or diphtheria/tetanus/pertussis antigen.

	1968	1967	1966	1965
First immunisation	56	37	32	34
“Booster” doses	460	1004	269	641

## TUBERCULOSIS

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards and to all students attending establishments of further education.

The continued use of a “Dermojet” for the administration of the vaccine enabled sessions to be completed in a shorter time and thus resulted in less interference with the ordinary school routine. Further this painless method of vaccination was greatly appreciated by the pupils.

At the end of the year 651 children had had preliminary skin tests and 584 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the Chest Clinic, but none was found to have active tuberculosis. The department would like to record its appreciation of the assistance given by Heads of Schools in providing facilities for the B.C.G. teams who visit the schools.

## POLIOMYELITIS

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he has not been previously vaccinated. In all 487 children received their fourth dose of vaccine.

## TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a “booster” dose for children who had previously been immunised against both diseases. A small but significant number of parents are now requesting immunisation against tetanus for those children who, by virtue of age, did not receive this immunisation in the form of “Triple Antigen”.

One hundred and sixty-nine children received either primary or booster doses during the year for tetanus only.

## MEASLES.

In May this year vaccination against measles became available for the first time. It will normally be offered to children during their



second year of life, but for the initial campaign it was also made available to susceptible children between their fourth and seventh birthdays. Of the 537 school children immunised, 516 were immunised by the staff of the department and 21 by family doctors.

### INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1968 and also in the four previous years.

	1964	1965	1966	1967	1968
Scarlet fever	17	1	8	3	5
Diphtheria	—	—	—	—	—
Measles	77	436	24	49	115
Whooping cough	5	—	2	—	3
Pneumonia	—	—	—	—	—
Poliomyelitis	—	—	—	—	—
Dysentery	—	—	6	2	—
Encephalitis	—	—	—	—	—
Food poisoning	—	—	—	—	—
Tuberculosis respiratory	—	—	—	—	—
Tuberculosis other	—	—	—	—	—
Jaundice	3	11	6	1	5

The general incidence of infectious diseases as indicated by the notified cases was again satisfactorily low. There were no cases of Tuberculosis. Diphtheria and Poliomyelitis were absent as a result of the high level of immunisation and whooping cough figures were low for the same reason.

### DEATHS OF SCHOOLCHILDREN

Two deaths occurred of children of school age. One was due to a cerebral tumour; the other was due to congestive cyanotic disease associated with congenital malformations.

### INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in previous years. Where infestation was detected the children were excluded from school and suitable medicaments

were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons ...	17,347
Total number of individual pupils found to be infested	62

The following table shows, over the past 8 years, the number of children and percentage of the school population found to be infested.

1961	87	0.9%
1962	103	1.1%
1963	85	0.9%
1964	166	1.9%
1965	99	1.1%
1966	85	0.9%
1967	68	0.8%
1968	62	0.7%

### SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows :—

Every school in the Borough had at least one dental inspection session for the pupils during the year, and in certain schools two visits were possible. It is becoming increasingly evident from these inspections that more treatment is now being done by private practitioners for the conservation of the permanent teeth. There is also some evidence to suggest a similar increase in the conservation of the temporary teeth and the number of these teeth which need to be extracted is dropping. There does not seem to be the same attention paid to the correction of irregular teeth, but this may increase as the amount of caries is reduced.

The general figures, which show a slight drop in 1968 as compared with 1967, support the view that there is a swing from the School Clinics to the General Dental Services. Where both parents are working dental treatment must be sought after working hours, and it is known that more practitioners are now accepting children for treatment in the evening and treatment is given to the whole family as a unit.

Another possible factor is the position of the dental auxiliary on the clinic staff. She is well trained and her work is selected and supervised by a dental surgeon, but she often lacks experience in the handling of children and apprehensive parents. In addition, there is a tendency amongst parents to feel that they are not getting the “best” for their children. Dental auxiliaries can, however, fulfil a useful function in the teaching of dental health when they have a natural aptitude and a desire to undertake this aspect of the work.

The Department of Education and Science tables which are quoted below summarize the work of the service.

#### *Attendances and Treatment.*

First visits	...	...	...	1946
Subsequent visits	...	...	...	2044
Total visits	...	...	...	3990
Additional courses of treatment commenced	...	...	...	486
Fillings in permanent teeth	...	...	...	2632
Fillings in deciduous teeth	...	...	...	1496
Permanent teeth filled	...	...	...	2288
Deciduous teeth filled	...	...	...	1308
Permanent teeth extracted	...	...	...	351
Deciduous teeth extracted	...	...	...	1144
General anaesthetics	...	...	...	554
Emergencies	...	...	...	100
Number of pupils X-rayed	...	...	...	171
Prophylaxis	...	...	...	201
Teeth otherwise conserved	...	...	...	717
Teeth root filled	...	...	...	14
Inlays	...	...	...	—
Crowns	...	...	...	12
Courses of treatment completed	...	...	...	2101

#### *Orthodontics.*

Cases remaining from previous year	...	...	15
New cases commenced during the year	...	...	34
Cases completed during the year	...	...	23
Number of removable appliances fitted	...	...	80
Number of fixed appliances fitted	...	...	6
Pupils referred to Hospital Consultant	...	...	5
Cases discontinued during the year	...	...	5

#### *Prosthetics.*

Pupils supplied with full upper of full lower dentures	...	...	3
Pupils supplied with other dentures	...	...	12
Number of dentures supplied	...	...	17



*Inspections.*

First inspection at school	...	...	8337
First inspection at Clinic	...	...	1093
Number found to require treatment	...	...	4105
Number offered treatment	...	...	3233
Number re-inspected at school clinic	...	...	1366
Number found to require treatment	...	...	787

**PROVISION OF MILK AND MEALS**

**MILK**

Milk in one third pint bottles was available free of cost to all pupils in maintained and independent schools. The percentage of pupils who accepted school milk was 73 %, which was 3 % lower than the figure for 1967. The percentages in different schools varied from 34 to 100, the lowest being in the senior schools.

**MEALS**

Mid-day meals were available for all pupils in maintained schools. The 33 dining centres were supplied from twelve kitchens. The following table summarises the position for the financial year 1967-68 with figures for comparison for the two previous years.

	1965-66	1966-67	1967-68
Total number of meals provided	859,890	900,598	979,862
Number at maintained schools	821,337	860,125	937,167
Percentage of children having meals	50.05 %	52.2 %	53.3 %
Daily average number of free meals	648	733	716
Daily average number of meals on payment	3,799	4,057	4,094
Total daily averages	4,447	4,790	4,810

**EMPLOYMENT OF SCHOOLCHILDREN**

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority. This permit is dependent upon the granting of a certificate which states whether or not, in the opinion of the school medical officer, the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education. Where considered necessary a medical examination is carried out.

The amount of work done by the department in this respect varies with the time of the year. The number of children making applications for a permit rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. All pupils appearing in public entertainments are medically examined. One hundred and seventy two children (including 20 for entertainment) were issued with certificates by the school medical officers during 1968.

## **YOUTH EMPLOYMENT**

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other information which may be required by appointed factory doctors for their confidential use but in practice little use is made of this provision.

## **MEDICAL EXAMINATION OF TEACHERS**

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Thirty one candidates for training colleges were examined during the year and 20 practising teachers were examined as to their fitness for employment by this authority.

## **SCHOOL HYGIENE**

### **FOOD HYGIENE.**

During the year no known cases of infection occurred as a result of the consumption of school meals. Routine hygiene inspections of kitchens and serveries had to be limited because of the continuing shortage of qualified staff, but all complaints made to the department were investigated. One complaint about the condition of meat supplied for a school dinner was investigated, and it was found that the meat was affected by phosphorescence – a condition caused by the presence of certain harmless bacteria.

The names of contractors tendering for the supply of food to the School Meals Service are brought to the attention of the department as a matter of routine. No relevant observations were necessary in respect of the current suppliers.

#### SCHOOL MILK.

Milk supplied to the schools was again treated and processed in plants licensed by the Council, and subject to routine sampling and inspection by the department. Eighteen samples of milk were taken for bacteriological examination and all passed the phosphatase and methylene blue tests. Eleven samples of school milk were taken for compositional quality, and as a result of analysis nine samples were found to be genuine. One sample was found to contain 1.5% of added water, and follow-up samples were taken at the farms concerned by inspectors of the adjoining local authority. These samples, however, were declared genuine. The other sample was found to contain 0.02 i.u. of penicillin. As the milk came from a tanker containing bulked milk from a number of farms, the amount of penicillin from the offending farm must have been appreciably higher. For technical reasons it was not possible to trace the offending supplier.

One complaint investigated by the department was in respect of a pin found by a young child in a bottle of milk. The bottle had been opened at the time of investigation and because a needlework lesson had been held in the classroom immediately prior to the distribution of the milk, it was decided to take no action.

#### SCHOOL SANITATION.

It was not possible to carry out routine sanitation inspections but no complaints were received by the department regarding conditions at schools.



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